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COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1953

JOHN INNES, M.D., D.P.H.
Medical Officer of Health
and School Medical Officer.

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ROCHDALE:
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PUBLIC HEALTH OFFICERS

DECEMBER, 1953

Medical Officer of Health, School Medical Officer,

JOHN INNES, M.D., D.P.H.

Deputy Medical Officer of Health :

NORA MILLS, M.D.

Assistant Medical Officers :

MARGARET L. DENNIS, M.R.C.S., L.R.C.P.

(M. & C.W.)

MARY FALLOWFIELD-JOEL, M.B., Ch.B.

(Sch. Med.)

JEAN M. MOORE, M.B., B.S.(LOND.)

Lay Administrative Officer :

S. BUTTERWORTH

Chief Sanitary Inspector :

A. TURNER, C.S.I.B., A.R.S.I.

Senior District Sanitary Inspector :

A. SYMONS

Meat and Foods Inspector :

J. GAWTHORPE

Sanitary Inspectors :

J. PEARSON

T. J. P. HENDRY

K. E. SMITH

A. HOLT

W. C. CROSSLEY

Health Visitors (Maternity and Child Welfare) :

S. H. BARLOW

M. M. SWITZER

A. E. BELL

F. THORNTON

E. M. MASSEY

N. WHITELEY

W. REEVE

J. E. WILSON

I. RUSHTON

Health Visitors (Tuberculosis) :

M. L. GALLIMORE

WM. GULLIFORD

Senior Dental Officer :

H. P. GLEDSDALE, L.D.S.

Dental Officer :

R. J. G. YOUNG, L.D.S.

Dental Attendants :

GERTRUDE PETRIE JEAN M. COCKCROFT

Duly Authorised Officers :

W. BEELEY

W. KERSHAW

Mental Health Visitor :

JOAN R. LAMBERT

Occupation Centre Superintendent :

Mrs. I. TAFTS

Ambulance Officer :

E. OSBALDESTON

Social Worker :

Mrs. E. WINTER

District Nursing Association :

Superintendent—E. M. FELSTEAD, S.R.N.,

S.C.M., Q.N.

Asst. Super.—B. A. N. ALLWORK, S.R.N., Q.N.

M. McCORMACK, S.R.N., S.C.M.,

Q.N., H.V.

Municipal Midwives :

W. U. CARR

K. E. HAZELDINE

G. DOWD

V. E. S. CORRIN

S. M. HAMILTON

K. WHELAN

M. L. HARRISON

Clinic Nurses :

J. MOSELEY (Part-time)

L. HOLLINSHEAD (Part-time)

PART TIME OFFICERS

Ophthalmic Surgeon :

R. STEWART SCOTT, M.B., CH.B., D.O.M.S.

Tuberculosis Physician :

W. R. MAY, M.B., B.S., D.C.H., M.R.C.P.

E.N.T. Surgeon :

V. T. SMITH, M.D., F.R.F.P.S.

Public Analyst .

S. E. MELLING, F.I.C.

Family Planning Medical Officer :

HELEN E. BARLOW, M.B., CH.B.

**To the Chairman and Members of the Health
Committee of the County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health conditions in the County Borough of Rochdale and on the work of the Public Health Department for the year 1953.

The first portion of the Report is as usual statistical in nature. The mid-year estimated population is 86,350. In supplying this figure the Registrar General clearly indicates that in his view the future of Rochdale is a steady decline in population. In 1951 the population was estimated at 87,734, in 1952 at 86,890 and in 1953 at 86,350 ; these are not happy figures for a town which had a population of 95,370 in 1933. In the last ten years there have been in total nearly 1,000 more births than deaths in the town, so that the decrease in population lies at the door of emigration from the town. It is not the Health Services which can solve this dilemma. Rather must the Town Planners, and the Industrial and Commercial leaders put on their thinking caps to preserve their status, their working population and their consuming public.

The infantile mortality rate, at 31 per thousand live births, is the lowest ever recorded. Like all other towns with a total birth figure near a thousand per year, we are, of course, very susceptible to yearly fluctuations, but this low rate has all the appearances of an improved result rather than a chance happening. The one remaining great cause of infant deaths, namely premature birth or immaturity at birth, has been reduced in effective incidence with a proportionate reduction in deaths. That looks like successful planning rather than haphazard occurrence.

Last year's Report contained a special survey on Rochdale's Health Services. I have retained some of the matter where its inclusion seems to present a useful background, but for fuller detail reference must be made to the 1952 Annual Report.

Nothing very spectacular has happened during 1953 ; nevertheless, important changes have been occurring. After the cessation of World War II, there was a feeling of immense relief and an assurance that the vast sums of money and labour resources devoted to war could, and would, be diverted to make up the 1939 to 1945 deficiencies in peace-time social development. Now, it was felt, we can re-build our hospitals, re-model our clinics, re-engage staff and build up our Services, and continue the good work interrupted in 1939. Then came the

National Health Service Act, tearing everything apart, premises, finances and personnel. For the Local Health Authority it was all subtraction. What addition was offered was intangible and vague. To the curative services went all the buildings, the money, the staff and the interest. The preventive services were left talking vaguely and hopefully of new horizons, fresh tasks, bridging gaps, and, interminably, of liaison and co-operation at officer level. Then came the phase of financial realities and schemes were pruned and re-pruned on every side, and the future became more obscure, because old tasks simply could not be carried out with the existing equipment.

Now, at last, there has been time for adjustment. It has evolved that all is not bigger and better hospitals. It may be that there are no new horizons, but the public has new needs to be met now and these do not require more expensive development of the old Services. The work of Social Medicine is sharing itself out and so, naturally, is the interest and the personnel.

So, in 1953, we began to settle down in the new surroundings, co-operative, financial and therapeutic, and to look forward with more informed hope. New houses have at last begun to come forward in a steady flow and old ones are being demolished in reasonable numbers. New legislative measures in regard to housing are to come in 1954, so that Housing Surveys are made at last in an atmosphere of reality. The stage is set for the provision of a clear atmosphere and we are beginning to think of clean industrial towns. The Social Services find fresh and satisfying work crowding to meet them. It has become obvious that Preventive and Curative Medicine must work together, not hand in hand or side by side, or any other loosely knit variant, but together, and even so they cannot work efficiently except in an environment of good educational, social and economic conditions.

One outstanding example of this new co-operation is in regard to the increasing numbers of persons living beyond retiring age. The principle has now been established that the longer these people can maintain their independence in their own homes the better. The maintenance of the principle is not, however a simple matter. It involves being in touch with the social services, special planning by Housing Committees, the provision of Home Helps, as well as arrangements for hostel accommodation of certain types, and the avoidance of long in-patient stay in hospital. As a further background, there must be adjustment in industry and in retirement regulations to retain the older worker, and there must be preparation for retirement just as there is apprenticeship in industry.

Another problem which urgently requires a solution is that which surrounds the accommodation of the mentally ill and the mentally defective. A vast proportion of the hospital accommodation of the Country is occupied by these persons, involving a big expenditure in money and staffing. How many of the patients occupying these expensive beds could be returned to the community, or how many could be accommodated in less elaborate institutions? The answer to these questions is by no means complete. There will have to be an assessment of the patients from the point of view of the hospital medical officer, a further assessment of the types of community care available and then some fitting together of these two parts of the puzzle. The building up of waiting lists for admission to mental defective institutions consisting of very urgent and distressing cases is only one of the factors which make this problem an urgent one.

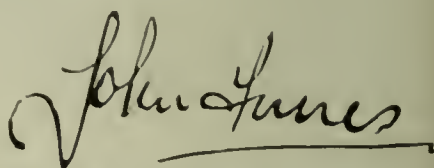
I hope that this Report reflects the pattern of that new outlook and that its successors will continue to do so. It is, of course, true that the old problems still continue to crop up from time to time and have to be dealt with, but these will occur against a changing background.

In conclusion, I wish to thank the staff of the Department, medical, nursing, technical and administrative, for another year of good work. The interest and support of the Chairman and Members of the Health Committee have continued to stimulate the whole Department.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health
and School Medical Officer.

9th July, 1954.

STATISTICS.

Year ended 31st December, 1953.

Area (in acres)	9,556
Registrar-General's Estimate of Population, mid-year 1953 ...	86,350
Number of Inhabited Houses (Census 1951)	29,426
Number of Houses on Corporation Estates (December, 1953) ...	5,733
Number of Houses on Corporation Estates (December, 1952) ...	5,297
Estimated sum represented by a Penny Rate	£2,395
Rateable Value	£582,659
Estimated expenditure on Health Services provided for by rates ...	£53,320

	Total	M.	F.
Live Births —Legitimate	1,210 ...	608 ...	602
Illegitimate	87 ...	46 ...	41
	<u>1,297</u>	<u>654</u>	<u>643</u>

Birth-rate per 1,000 of the estimated population ... 15.0

Still-Births 33—Rate per 1,000 total (live and still) births ... 24.8

	Total	M.	F.
Deaths	1,247 ...	601 ...	646

Death-rate per 1,000 of the estimated population ... 14.4

Deaths from Maternal Causes 1.

Rate per 1,000 total (live and still) births ... 0.75

Death-rate of Infants under one year of age (40 deaths).

All infants per 1,000 live births ... 31

Legitimate Infants per 1,000 legitimate live births (36) ... 30

Illegitimate Infants per 1,000 illegitimate live births (4) ... 46

	Deaths	Rate per 1,000 of population
Cancer... ..	213	2.47
Tuberculosis (all forms) ...	25	0.29

VITAL STATISTICS

Population.

The Registrar General's estimate of the population as at mid-year 1953 is 86,350. This compares with the mid-year estimate of 86,890 in 1952, and the 1951 Census figure of 87,734. During 1953 there was again only a slight preponderance of births over deaths.

Live Births.

The live birth rate was equal to 15.0 per 1,000 of the estimated population, which is practically the same figure as that for the previous year of 15.2. For the ten years 1943-52, the average birth rate was 16.2 per 1,000.

The proportion of illegitimate births was again very close to the previous figures, 87 this year as compared with 88 last year, representing 6.7% of the total births. In the last six years the figure has varied between 6.4% and 6.6%.

Still Births.

There was an increase in those recorded as compared with last year, from 29 to 33. On the other hand, the average for the preceding five years was 42.

Infant Mortality.

There were 40 deaths registered under one year of age, equal to a mortality rate of 31 per 1,000 live births registered. This compares with 52 deaths and a rate of 39 per 1,000 live births last year, and is the lowest figure ever recorded for the County Borough.

Prematurity continues to be the main cause of death. In 19 out of the 40 deaths mentioned, this was recorded as the primary cause and it is, therefore, obvious that further decreases in the mortality rate must depend upon investigation into the causes of prematurity with a view to their elimination.

In that connection the following Table is of considerable interest. The Table sets out the fate of the 106 Rochdale children who were prematurely born during the year. It does not indicate survival in any stages beyond three months, because the follow-up of children born at the end of the year must cease at the time of preparation of this Report, i.e. April, 1954.

It must be noted that the figures do not coincide with those of deaths due to Prematurity. A comparison of the Table with last year's will, however, show a slight decrease in premature births, but a very considerable decrease in those which occur very early, i.e. in the most vulnerable group of all. Practical results, therefore, are being achieved.

The summary of this Table is that a child born in Rochdale during 1953 even so prematurely that it weighed under 3 lbs. 4 ozs., had almost a 50% chance of survival, whilst the child weighing at birth over 4 lbs. 6 ozs., had on average almost a 95% chance of survival.

Of the 106 premature births which included five sets of twins, the mothers of 77 children attended the Ante-natal Clinic on an average five times during the pregnancy, although 10 mothers only attended once. Of the 17 children who died in this group the mothers of seven attended the Clinic on one or more occasion.

Premature Births during 1953.

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS												CHILDREN SURVIVING OVER 3 MONTHS			
	Home	Birch Hill Hospital	Other Hospitals		In first 24 hours			24 hours to 7 days		7 days to 28 days		28 days to 3 months		H.	B. H. H.	O. H.	Total			
					H.	B. H. H.	O. H.	H.	B. H. H.	H.	B. H. H.	H.	B. H. H.							
3 lbs. 4 ozs. or less ...	—	14	—	14	—	8	—	—	—	—	—	—	—	—	6	—	6			
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	7	13	—	20	—	—	—	1	3	—	1	—	1	6	9	—	15			
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	2	12	1	15	—	—	—	1	—	—	—	—	—	1	12	1	14			
5 lbs to 5 lbs. 8 ozs.	23	33	1	57	—	1	1	—	1	—	—	—	—	22	32	—	54			
Totals	32	72	2	106	—	9	1	2	4	—	1	—	—	29	59	1	89			

The Table below shows comparative figures for Infantile Mortality :—

Year	Deaths Registered	Rate per 1,000 Nett Live Births	Year	Deaths Registered	Rate per 1,000 Nett Live Births
1943	58	46	1948	57	38
1944	67	50	1949	56	41
1945	56	44	1950	64	47
1946	75	49	1951	69	54
1947	95	55	1952	52	39

Death from all causes.

The deaths registered number 1,247, which is almost identical with the figure of last year, 1,248. The proportions are, however, much different. Last year there were 641 males and 607 females, whereas this year there are 601 males and 646 females. It would appear that this year females have suffered more severely from Coronary Disease and other Heart Diseases than have the males. The total in 1951 was 1,457.

The death rate from all causes was 14.4 per 1,000 of the estimated population, as compared with 14.4 in 1952 and an average of 15.2 during the ten years 1943-1952.

The chief causes of death are given in comparison with the previous year.

	1953	1952
Influenza	5	3
Tuberculosis	25	30
Cancer	213	185
Cerebral Haemorrhage, etc....	200	368
Heart Disease	368	391
Other Circulatory Diseases ...	72	79
Bronchitis	86	67
Pneumonia (all forms)	44	41
Nephritis and Nephrosis	7	7
Congenital Malformations	10	10
	1,030	1,021

Percentage of total deaths	82.6	81.8
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Table I Appendix (Page 66) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Page 67) shows the age and sex distribution and the causes of deaths in 1953.

The following Table shows the tremendous change which has taken place in the expectation of life during the last 40 years. The picture has now so far altered that two deaths out of every three occur in persons over 65 years.

Percentage of Deaths in year groups, distributed according to age at death.

Age Group	1911	1921	1931	1941	1951	1953
Under 15 years	31	20	11	8	6	5
15—45 years	17	15	13	11	5	5
45—65 years	26	30	32	27	25	23
65 years and over	25	34	44	53	64	67

Respiratory Diseases.

This group of diseases caused 137 deaths as compared with 117 in 1952. Pneumonia caused 44 deaths (41), Bronchitis 86 (67) and other respiratory affections 7 deaths (9).

Cancer.

Deaths classified to this cause and shown in the age groups below numbered 213 (males 91, females 122) as against 185 in the previous year :—

	Total deaths	Under 15 yrs.	15—45 years	46—65 years	65 years and over
Year 1953 ...	213	—	15	24	124
Year 1952 ...	185	1	10	72	102

The death rate was 2.47 per 1,000 of the estimated population as against 2.13 per 1,000 for the previous year.

The annual death rates in an area the size of Rochdale tend to fluctuate from year to year. Although this year shows an increase as compared with 1952, it is almost the same as occurred in 1951. The increase is not confined to any particular type of Cancer.

Comparative Mortality and Birth-rates.

The general death rate is higher than the rest of the Country as a whole and in sections. The infantile mortality rate, on the other hand, is more closely related than on previous occasions to the rate in other parts of the Country.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE ...	14.4	15.0	31
Average 12 neighbour- ing manufacturing towns ...	12.82	15.83	30
Administrative County of Lancaster ...	12.17	14.77	29
160 County Boroughs and Great Towns ...	12.2	17.0	30.8
160 Smaller Towns (Population 25,000 to 50,000) ...	11.3	15.7	24.3
ENGLAND AND WALES	11.4	15.5	26.8

These provisional figures are corrected only for transfer and institutions, and make no allowance for variations in the age and sex distribution of the population in different areas.

Unemployment.

I am indebted to the Manager of the Rochdale Employment Exchange for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth and Milnrow.

The average number of unemployed persons on the register during the year ended 31st December, 1953, was as follows :—Men 411, Women 404, making a total of 815. The corresponding figures in 1952 were Men 1,420, Women 2,614, totalling 4,034.

I am also informed that in the middle of 1953 there were approximately 49,363 insured persons (26,953 Men, 19,610 Women and 2,800 Juveniles) in employment in the area.

General Provision of Health Services.

Administration.

The Health Committee of the County Borough Council is responsible for all the Health Services, including those established under the Health Service Act, 1946, allocating certain duties to the following Sub-Committees :—

- (a) Sanitary Sub-Committee
- (b) Accounts and Staffing Sub-Committee
- (c) Domiciliary Services Sub-Committee.

The Health Committee receives direct reports dealing with the Mental Health and the Ambulance Services.

This arrangement has worked satisfactorily and no further extension of the Sub-Committee principle is contemplated.

Co-ordination and co-operation with other parts of the National Health Service.

All arrangements outlined in detail in the 1952 Report remain in operation. There have been no major developments during the year.

Clinic and Treatment Centres.

The hours of clinic sessions and the situation of centres are as shown :—

	Mon.	Tues.	Wed.	Thurs.	Fri.
I.—Maternity & Child Welfare					
(A) St. Luke's School, Deeplish	10—12 noon 2—4 p.m.	—	—	—	—
(B) St. Clement's School Spotland Bridge ...	—	10—12 noon 2—4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School	—	—	2—4 p.m.	2—4 p.m.	10—12 noon
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	10—12 noon 2—4 p.m.
(F) Ante Natal (Baillie St. Council School)	9-30 a.m. to 11 a.m. 2—4 p.m.	5-30 to 7-0 p.m.	9-30 a.m. to 11 a.m.	9-30 a.m. to 11 a.m.	—
(G) Post Natal (Baillie St. Council School)	—	—	—	—	2—3-30 p.m.
(H) Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	5-30—7 p.m.	—	—
II.—Clinics Provided by the Education Committee—					
(A) Inspection Clinics ...	Daily 9—11	30 a.m.			
(B) Treatment Clinics ...	Daily 9—11	30 a.m.			
(C) Eye Clinic	Specialist	Clinics by arrangement			
(D) E.N.T. Clinic					
(E) Orthoptic Clinic	Other	Clinics by appointment			
(F) Speech Clinic ...					
(G) Foot Clinic					

The work in connection with the Corporation Clinics is set out in detail in the respective sections in this report.

HOME NURSING.

This Service continues to be run on an agency basis by the Rochdale District Nursing Association.

The Local Health Authority is represented by two members of the Health Committee and its Medical Officer of Health on the Association's Committee. Two members of the Association's Committee attend the Domiciliary Services Sub-committee.

The staff of the Home consists of the Superintendent, two Assistant Superintendents, nine fully-trained female District Nurses and three female candidates under training, two fully-trained male District Nurses and one male candidate under training, and five part-time Nurses.

During the year 75,851 visits were paid to 2,877 patients. Of these 2,398 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department.

Among these 2,877 patients the following are the main groups of conditions treated :—

Anaemias	...	...	...	...	...	...	...	...	238
Arthritis and Rheumatism	...	...	...	...	...	...	...	...	46
Bronchitis	...	...	...	...	...	...	...	...	219
Other respiratory diseases	...	...	...	...	...	...	...	...	65
Burns and scalds	...	...	...	...	...	...	...	...	34
Cancer	...	...	...	...	...	...	...	...	86
Cardiac disease	...	...	...	...	...	...	...	...	270
Cerebral lesions	...	...	...	...	...	...	...	...	124
Ear, Nose and Throat conditions	...	...	...	...	...	...	...	...	230
Gastro-intestinal disorders	...	...	...	...	...	...	...	...	165
Gynaecological conditions	...	...	...	...	...	...	...	...	103
Septic lesions	...	...	...	...	...	...	...	...	182
Post-operative dressings	...	...	...	...	...	...	...	...	183
Senility	...	...	...	...	...	...	...	...	109
Skin conditions	...	...	...	...	...	...	...	...	412

The following is a summary of the work done during the year :—

All forms of nursing :						1953	1952
						<hr/>	<hr/>
Patients on the books 1st January	...	...	...	...	...	479	400
New patients during the year	...	...	...	...	...	2,398	2,082
Total nursed	...	...	...	...	...	2,877	2,482
Total discharged	...	...	...	...	...	2,332	2,003
Remaining on books 31st December	...	...	...	...	...	545	479

Method of Discharge.

	1953	1952
Convalescent	1,463	1,181
Removed to Hospital	291	264
Relieved	338	297
Died	240	261
Total visits paid to 2,897 patients	75,851	
Total visits paid to 2,482 patients		69,040

Included in the above figures for 1953 are the following patients who suffered from Infectious Diseases :—

	Patients	Visits
Pneumonia	90	1,187
Tuberculosis	26	843
Measles	2	9
Others	49	507
	<u>167</u>	<u>2,546</u>

Of the total visits 1,695 were paid to 193 children under five years of age.

In the year of less serious illness it is surprising to see a definite increase in the demands upon the Nursing Association's services. It would appear that, as in some other sections, the tendency to seek nursing assistance has increased in recent years and many cases which were normally nursed at home by relatives have now to be visited by the District Nurse to give special treatment, particularly injections. It is hoped to make some analysis of these figures in future reports.

At every meeting of the Executive Committee of the Association letters of appreciation are received in respect of the work of the nursing staff. Patients and relatives are all very appreciative of the Service.

Morbidity.

The Department continues to receive from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefit. This scheme of information was first mentioned in the 1949 Report. There has been no change in the form of the records which are still un-analysed and still cover an area wider than Rochdale itself, since it includes the postal districts of Whitworth and Milnrow.

The totals of sickness week by week followed quite closely the same pattern as last year, but at a slightly higher level throughout. The main increase above what may be termed the average curve for the year was in mid-February and again, but to a much smaller degree, at the end of October.

AMBULANCE SERVICE.

The Local Authority's area is served by a fleet of five ambulances, one sitting-case car and one dual purpose vehicle, together with one 10 h.p. car, mainly used for midwifery and general duties. The personnel consists of one Ambulance Officer, 23 Driver/Attendants and two Telephonists. The service operates from a separate garage housing vehicles, staff on duty, telephone switchboard and office.

General administration is dealt with in the Public Health Office. Most of the work consists of removals of Rochdale residents to and from Birch Hill Hospital and Rochdale Infirmary, and transport in connection with the Out-patient Departments. Outside Rochdale the main journeys are to the special hospitals in Manchester.

The increasing reference of patients to Out-patient Departments and Clinics to free valuable hospital beds makes a mounting call upon the ambulances. In still another direction this ancillary service helps the public to benefit from other services. Physically-handicapped children are brought each day to school and to the Occupation Centre, who otherwise would have to remain at home.

During the year the ambulances performed 7,546 journeys in carrying 17,649 patients, and the dual purpose vehicle performed 469 journeys in carrying 1,271 patients, the sitting-case car 1,836 journeys in carrying 3,024 patients, and 3,953 journeys for various other purposes were made by these vehicles.

The following Table gives details of the work carried out by the various types of vehicles used at the Ambulance Station :—

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicle		S.C. Cars		Ambu- lances		D.P. Vehicle		S.C. Cars	
	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952
PATIENTS :												
Emergency ...	1114	932	15	16	149	100	19	42	—	1	2	2
Ordinary Removals	16511	15101	1256	1180	2871	3163	5	9	—	2	2	2
Totals ...	17625	16033	1271	1196	3020	3263	24	51	—	3	4	4
JOURNEYS :												
Patient Carrying...	7522	8319	469	399	1833	2094	24	56	—	4	3	6
Lost Journeys and Depot Duties ...	246	277	52	45	333	698	—	—	—	—	—	—
General Trans. ...	42	33	761	799	751	986	—	—	—	—	—	—
Midwifery ...	9	—	59	50	1700	1938	—	—	—	—	—	—
Totals ...	7819	8629	1341	1293	4617	5716	24	56	—	4	3	6
MILEAGE :												
Removals ...	74610	71001	6410	6907	22796	23180	318	661	—	58	226	167
General Trans. ...	687	319	7625	6995	8748	14948	—	—	—	—	—	—
Midwifery ...	49	—	275	287	9341	10999	—	—	—	—	—	—
Totals ...	75346	71320	14310	14189	40885	48227	318	661	—	58	226	167

The comparative figures for the years 1949/1953 are shown herewith :—

	1949	1950	1951	1952	1953
Ambulance (patients) ...	11,487	14,729	14,397	16,084	17,649
(journeys) ...	10,201	12,090	9,776	8,375	7,546
D.P. Vehicle (patients) ...	224	751	895	1,199	1,271
(journeys) ...	161	473	461	403	469
S.C. Car (patients) ...	441	1,224	2,144	3,267	3,024
(journeys) ...	404	1,151	1,645	2,100	1,836
All vehicles—					
Non-patient journeys ...	7,512	7,638	7,647	4,826	3,953

Each month a statement is presented to the Committee showing work done and recording lost journeys. Details of the latter are sent to the Hospital Management Committee and to any general practitioners who may appear to be involved. Ambulance staff are requested to report regularly on cases of misuse other than lost journeys. By these two procedures misuse has been reduced to a very low level.

At the end of the year the Committee had under discussion various plans for renewal of the fleet and, more particularly, a scheme for the radio-control of ambulances, both with a view to increasing efficiency and reducing the overall costs. It is hoped that these will be put into operation early in the New Year.

LABORATORY FACILITIES.

Throughout the year the bacteriological examination of Milk, Water and Ice-cream has been carried out at the Public Health Laboratory at Monsall Hospital, Manchester.

Individual specimens from individual patients are still referred to the local Hospital Laboratories, from which information of epidemiological importance is passed either to the Public Health Laboratory or to the Medical Officer of Health, or to both.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst.

HOSPITALS.

The hospital services in the district provide 1,375 beds for patients. This total number of beds and the units of which it is made up are both under constant review to meet changing needs in the area. It is notable that this district is not affected by the long waiting lists for admission which exist in many other areas.

MATERNITY AND NURSING HOMES.

At the end of the year there was one dwelling house registered as a Maternity Home and one as a Nursing Home for medical and surgical cases :—

78 Louise Street—three patients—Maternity ;

183 Drake Street—ten patients—Medical and Surgical.

These Homes were visited during the year by the Medical Officer of Health and were reported upon as satisfactory.

Maternity and Child Welfare

Notification of Births—Public Health Act, 1936.

There were 1,309 births notified as belonging to Rochdale—1,306 by midwives and three by doctors. These figures include 751 births occurring at Birch Hill Maternity Home and 65 in other hospitals which are classified to Rochdale.

Health Visitors.

1953 has proved to be a year in which the Department has felt the benefit of more staff. On the 3rd June three Student Health Visitors returned to Rochdale after taking their examinations, thus bringing the total number of Health Visitors up to nine. A new Student Health Visitor started in September and is taking her Health Visitor's course in Manchester at present. She should return to the Department in June, 1954, when there will then be a total of ten Health Visitors. The districts allocated to the Health Visitors have been changed so that the follow-up work of older children should gradually become more satisfactory. Even though the total number of children visited by the Health Visitors shows little difference compared with last year's figures, they have actually paid more visits to children who have been discharged from hospital or whose parents were in need of more expert advice in the home.

The Morbidity Survey which started in January, 1952, has progressed throughout 1953 and was completed by 31st December, 1953. In all this Survey covered 1,320 children born during 1952. Of these 46 died before reaching their first birthday and some left the district within the same period. Altogether, some 15,300 visits were involved in the following-up of these children. As previously stated, the Rochdale findings will form part of the National Survey.

The co-operation between our Department and the Paediatric Unit at Birch Hill Hospital, as outlined in last year's Report, has been maintained, and has been beneficial from every point of view. A Health Visitor continues to attend the Out-Patients Clinic with Dr. Wolman each week and also visits the hospital wards along with the Maternity and Child Welfare Medical Officer. On the other hand, the Health Visitors have been able to help on several occasions in the care of children discharged from hospital. Premature babies born on the district have been followed up and have been examined at regular monthly intervals by Dr. Wolman at the Public Health Department until they are six months old. On these occasions some babies born in hospital, who have been unable to travel as far as Birch Hill Hospital for follow-up examinations, have also been examined. Unfortunately, there are still some parents who fail to take advantage of these facilities, but it is hoped that the number of defaulters may gradually lessen.

The Ante-natal Clinic continues to work in the same way as last year, but a Health Visitor is now able to attend all the Ante-natal Clinics, so that there is a strong link formed between ante-natal care and the care of the baby after birth.

Every effort has been made to persuade all pregnant women to attend the Ante-natal Clinic for examination and blood tests. The total number of attendances at the Ante-natal Clinics for patients being confined at home is encouraging.

The attendances at the Child Welfare Clinics have been good, except during the bad weather, and one is pleased to notice that more children between the ages of one and five have attended. Immunisation against diphtheria and whooping-cough has continued, and a scheme for giving annual booster doses for whooping-cough has begun.

We are indebted to the Ladies' Voluntary Committee for their constant interest and help with the work in this Department. It is hoped that the social side of the Clinics may be developed to a greater extent in the future.

The Mill Nurseries are visited regularly every three months by the Medical Officer. There are now eight mill nurseries open, accommodating 347 children. The children in five of these Nurseries are immunised by the Maternity and Child Welfare Medical Officer, the remaining four by the Medical Officer to the mill.

The following Table summarises the Health Visitors' work, both in respect of Home Visiting and of attendances at Clinic sessions and Nurseries :—

	1953	1952
Primary visits to births	1,244	1,271
Primary visits re stillbirths	28	20
Subsequent visits to infants under 1 year	7,533	6,200
Subsequent visits to young children 1—2 years.	3,350	2,313
Subsequent visits to young children 2—5 years	6,444	4,838
Ante-natal cases	3	—
Maternal and Infant Deaths	38	41
Daily Guardians, etc.	3	6
Infectious Diseases	1,133	837
Incomplete Visits	2,148	1,687
Sanitary Defects	11	7
	<hr/> 21,935	<hr/> 17,220
Ante-natal and Post-natal Clinics	211	181
Child Welfare Clinics	607	776
Castleton Day Nursery	4	46
Nursery Schools	138	154
Industrial Nurseries	13	8
	<hr/> 22,908	<hr/> 18,385

Expectant and Nursing Mothers.

Ante-natal Clinics—There are five ante-natal clinics held per week at central premises, of these one is a midwives' clinic for domiciliary cases, one is a specialist clinic and the others are for routine purposes.

Post-natal Clinics—There is one post-natal clinic held weekly in the same premises, conducted by the same Consultant Obstetrician and Gynaecologist.

Regular blood testing at clinics for Wassermann Reaction, for Haemoglobin and for Rh. factor, is carried out by whichever staff is concerned.

Maternity outfits are supplied through the Domiciliary Midwifery Service.

The 1,244 Rochdale patients who attended for the first time at the Ante-natal Clinics during the year represented 93% of the total notified live births and stillbirths in the Borough, as compared with 92% in the previous year.

The numbers of women who attended these clinics and the attendances made by them are set out in the following Table. For the purposes of the Report the distinction between persons resident in the County Borough and those resident outside is maintained. Within the clinic itself distinctions are made purely as to the purpose of the visits made by each individual woman.

				Rochdale Borough		County Districts		Total	
				1953	1952	1953	1952	1953	1952
(1) ANTE-NATAL CLINICS									
(a) No. of Expectant Mothers attending (New Cases)				1,244	1,239	184	164	1,428	1,403
(b) No. of attendances (Old and New Cases)				8,351	7,786	1,312	1,249	9,663	9,035
(c) Average attendances per clinic session				33.3	31.1	5.2	4.9	38.5	36.0
(2) POST-NATAL CLINIC									
(a) No. of Mothers attending (New Cases)				498	506	105	124	603	630
(b) No. of attendances (Old and New Cases)				532	547	107	127	639	674
(c) Average attendance per clinic session				11.3	11.4	2.3	2.6	13.6	14.0

Emergency Maternity Unit.

Under arrangements made by the Rochdale and District Hospital Management Committee this Unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Management Committee's area. The service was called upon once during the year.

Maternity Home.

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 768, nine of whom gave birth to their children before admission. The number of babies born in hospital and classified to Rochdale was 751 live births and 24 stillbirths.

Child Welfare.

Ten Clinics are held weekly at five separate points in the town. These are conducted by the Local Authority medical staff and health visitors, except one which is conducted by a general practitioner on a sessional basis with health visitors.

One Consultant Clinic per month is held by the Paediatrician at central Local Authority premises.

Children can also be sent to the weekly Clinics held by the Consultant Orthopaedic Surgeon and the Paediatrician in Hospital Management Committee premises.

Children under five years are also referred to the special Eye and Ear, Nose and Throat Clinics, through the Local Education Authority's arrangements.

Child Welfare Centres.

The following Table shows the attendances at the Clinics during 1953 :—

Centre	New Cases admitted during 1953	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		under 1 yr.	1—2 yrs.	2—5 yrs		
(a) Baillie Street * (Wardleworth)	173	1,682	331	291	† 45 (41)	1,056
(b)*St. Luke's ...	237	3,078	514	444	43 (42)	1,866
(c)*St. Clement's ...	135	2,253	663	580	36 (38)	1,377
(d) Baillie Street *(Castleton) ...	141	1,528	311	170	40 (44)	906
(e) *Castleton ...	115	2,163	585	769	37 (35)	1,183
(f) Norden ...	52	673	284	351	26 (27)	447
(g) Baillie St. (Comb.)	129	1,031	226	157	29 (21)	832
Totals ...	982	12,408	2,914	2,762	—	7,667
Corresponding Figures 1952 ...	954	11,779	3,001	2,993	—	7,668

* Two Clinic Sessions per week.

† Figures in brackets are for 1952.

During the year the number of children attending Child Welfare Clinics for the first time represented 76% of the births registered. 100 children under five were referred to the various Consultant Clinics, mainly because of (a) Eye conditions (46) ; (b) Ear, Nose and Throat conditions (24) and (c) Orthopaedic conditions (8).

Medical records of children attending these Clinics are subsequently transferred to the School Medical Services Department with which close liaison continued for such things as regular dressings, dental treatment and for conditions of Ear, Nose and Throat, and Eyes.

Care of Premature Infants.

Provision, so far as equipment is concerned, has been made for domiciliary care if necessary. Almost invariably, however, infants are transferred to hospital by special transport provided by the Authority's Ambulance Service.

The new Premature Baby Unit at Birch Hill Hospital is almost ready for occupation.

Supply of Dried Milks, etc.

Arrangements have been made at all the Child Welfare Clinics for Government Welfare Foods (C.L.O., Orange Juice and Vitamin Tablets) to be available for distribution and a member of the local staff of the Ministry of Food attends for this purpose. The Local Authority continues to make certain proprietary foods available for sale on request and for a few special cases. A limited range of cereals (Farex, Robrex, Scott's Twin Pack) is also on sale.

Dental Care.

There are insufficient Dental Officers to provide for the complete dental supervision of expectant and nursing mothers and young children at the Clinics. The position is continually under review. Mothers and children are referred to the School Dentists for treatment other than dentures. The Local Education Authority is attempting to extend provision for orthodontic and minor denture work. Development must, however, await increased staff.

Orthopaedic Clinic.

During the year eight children under five years were referred to the Hospital Management Committee's Clinic to be examined by Mr. A. P. Gracie. Various minor forms of defect are dealt with at the Child Welfare Clinics.

DOMICILIARY MIDWIFERY SERVICE.

A staff of eight Midwives is employed by the Local Authority. Medical supervision is carried out by the Child Welfare Medical Officer, who undertakes two Ante-natal Clinics per week, including one specifically for Midwives' cases.

The Department was pleased to welcome Miss Felstead as Non-medical Supervisor of Midwives, when she took over her duties on the 1st April. Part of her work includes the supervision of Pupil Midwives whilst they are doing their Part II training for the Central Midwives Board examination. There have been 17 pupils trained on the district in 1953, all of whom have been successful in passing the final examination. In March, 1953, an Inspector from the Central Midwives Board visited Rochdale and concentrated her inspection upon three of the Pupil Midwives who were doing their district training at the time. The Inspector was well satisfied with the work of the Pupils and she found that the teaching they had received had been satisfactory. During the year, two more Midwives were recognised as teachers by the Central Midwives Board, so that there are now six out of seven Midwives in Rochdale who are recognised as teachers.

All Midwives are qualified to give gas and air analgesia. This form of relief was administered to 404 cases out of a total of 419. Pethidin was also administered in 232 cases during the year.

Midwives attended two cases as maternity nurses with doctors during the year and doctors were called in to 152 cases on medical aid forms.

Comparative figures of the year's district midwifery work by Domiciliary Midwives are given in the following Table :—

	1953	1952	1951
Cases attended—as Midwife	434	417	462
as Maternity Nurse	2	2	5
Subsequent visits as Midwife	3,698	6,311	8,928
" " as Maternity Nurse	16	28	62
Continuation visits to Hospital patients	1,374	735	—
Ante-natal (Home Visits)	2,438	1,896	1,922
Ante-natal Clinic Visits	460	459	352
Miscellaneous Visits	6	1	2

There is only one Midwife in private practice and she attended 69 cases as Midwife during the past year and none as Maternity Nurse.

Medical Assistance.

Midwives practising in the district requested the services of a medical practitioner in 117 maternity cases and in 39 cases of newly born children. The corresponding figures last year were 76 and 30 respectively.

The Local Health Authority pays the medical fees where the general practitioner is not already called upon to give these services under the terms of his contract with the Local Executive Council. During the year the number of cases concerned was eight, involving an expenditure of £22 8s. 6d.

Maternity Outfits.

Sterilised accouchement outfits, free of charge, continue to be supplied to expectant mothers who are having their confinement at home. These outfits, of the standard prescribed by the Ministry of Health, are available at the Child Welfare Centres, or through the Domiciliary Midwife, and during the year 478 such outfits have been issued.

Puerperal Pyrexia.

Two cases of Puerperal Pyrexia were reported during the year. During the previous year no cases were reported.

Maternal Mortality.

One death was recorded by the Registrar-General in respect of 1953 as due to maternal causes. The cause of death in this case brought it entirely outside any Midwifery Scheme. No responsibility could be placed upon any of the Services, nor could they learn any lessons from it.

The following figures show the Maternal Mortality rates per 1,000 live and stillbirths in other towns as compared with Rochdale :—

AREA	1953	1952	Average 5 years 1947-51
ROCHDALE	0.75	0.74	1.46
Average 12 neighbouring manufacturing towns ...	0.64	0.49	1.04
Administrative County of Lancaster	1.26	0.80	1.01
England and Wales	0.76	0.72	0.96

Ophthalmia Neonatorum.

One case was reported during 1953, as against one in 1952 and one in 1951. This case did not show any impairment of vision. It is, in fact, many years since any one of these cases was reported as leading to impairment of vision.

VACCINATION AND IMMUNISATION.

National propaganda, especially with regard to Diphtheria, is made available to the public and supplemented by local propaganda of the usual visual type. General Practitioners are circularised from time to time with any fresh information or about altered arrangements.

Diphtheria.

During the year 898 children under five received a course of immunisation. In 1952, the number immunised in this group was 815 and in 1951 it was 1,161. The following Table shows immunisation in relation to the child population under five years of age. The numbers immunised include those who had completed a course of immunisation at any time before the 1st January, 1954. The estimated population figure is supplied by the General Register Office.

Age at 31/12/53 i.e. born in year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	Total
Number immunised	147	586	598	817	765	2,913
Estimated mid-year child population 1953	Children under five 6,300					

In addition to the above immunisations 266 children between the ages of five and fifteen were immunised, as compared with 299 children in this age group in 1952. In addition, 1,054 children received re-inforcing doses, usually about four years after the initial treatment.

Whooping Cough.

No general propaganda has been undertaken so far. The position with regard to the individual child is discussed with the mother at the Clinics and the child is immunised when it is thought advisable. Primary immunisation is carried out at two to three months of age. Arrangements were made towards the end of the year to institute a regular booster system for Whooping Cough immunisation.

General Practitioners also immunise against Whooping Cough. Payment is made by the Local Authority on the same basis as for Diphtheria. We do not use or advocate Combined Prophylaxis.

During the year 815 children received a full course of three injections, as compared with 758 the previous year. Of this number 156 children were immunised by their own doctors.

There were 25 cases of Whooping Cough amongst immunised children reported during the year, but the numbers are still too small for this to be of real statistical significance.

Vaccination against Smallpox.

No large scale propaganda has been undertaken, but the subject is discussed with the individual parents by the Health Visitor. All children are referred to their own doctors for vaccination.

In 1952 Rochdale and District was visited by an outbreak of Alastrim, which was widely publicised as Smallpox, of which, of course, it is a type. In the 1952 Report it was mentioned that within a matter of weeks after this outbreak died down the vaccination rate in Rochdale had dropped to the previous negligible levels. There has been little effect on infant vaccination through this major form of publicity. In 1951, 110 children under one were vaccinated, in 1952, with the assistance of the outbreak, the number rose to 450, only to fall again to 210 this year.

Age at Date of Vaccination	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	TOTAL
No. Vaccinated ...	210	27	28	16	76	357
No. Re-vaccinated ...	—	—	2	8	142	152

CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

This work has continued under the guidance of a Joint Case Committee, made up of members of the Domiciliary Services Sub-Committee and the Rochdale Welfare Mission.

I am indebted to Mrs. E. H. Winter, Social Worker, for the following report indicating some of the problems dealt with during the year.

CASES REFERRED DURING 1953 :

Expectant unmarried mothers ...	...	...	...	...	...	35
Aftercare, unmarried mothers ...	...	...	...	...	...	9
Matrimonial and family problems ...	...	...	...	...	...	6
Children and preventive ...	...	...	...	...	...	4
Enquiries from other areas ...	...	...	...	...	...	2
Total ...	...	...	...	...	...	56

TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	...	...	...	...	23
Living accommodation, mother and baby	...	...	...	...	5
Accommodation for child only	...	...	...	...	6
Advice on affiliations, private agreements, etc.	...	...	...	...	17
Help with adoptions	...	...	...	...	17
Children's problems	...	...	...	...	6
Family and matrimonial problems	...	...	...	...	4
Other personal and social problems	...	...	...	...	21
Material help	...	...	...	...	22
Investigations for social workers in other areas	...	...	...	...	3

Unmarried mothers.

The majority of the mothers were in their early twenties, but five were over thirty and fourteen were under twenty-one.

Because most mothers were referred in good time, it was possible to offer vacancies in Voluntary Homes to all who applied. There were 13 vacancies taken up, financial assistance being needed in all but two cases. Of those who decided against residence in a Home eight mothers were able to make satisfactory alternative arrangements owing to change of circumstance. In the remaining two cases residential care would have provided a helpful answer to problems which cropped up after the confinement. It is unfortunately true that those most in need of intensive help are often the last to realise it. One can no more compel a mother to enter a Home than one can make her go to a Clinic. Unfortunately, in one of the two cases mentioned above, the baby died of pneumonia at fourteen days.

The illegitimate child position at the end of 1953, was as follows :—

Living with mother at home or in lodgings	...	...	...	...	25
Adopted	...	...	...	...	6
At home, adoption pending	...	...	...	...	1
Died	...	...	...	...	2
Not yet born	...	...	...	...	4
Mother removed to other area before confinement	...	...	...	...	4
No recent information	...	...	...	...	2

Eighteen cases referred in previous years remained under active supervision. In particular three illegitimate children between 18 months and 11 years old were admitted to Children's Homes. In the case of the youngest child, this was with a view to adoption.

Children and Preventive Cases.

Of three young girls who had left home, one returned to the care of parents, one remained in the excellent lodgings she had found for herself and the third came into the care of a Probation Officer. In each case there was a history of acute family discord ending in the separation of the parents.

A small boy with behaviour problems was admitted to a Voluntary Home where his parents will be encouraged to visit him.

Matrimonial Problems.

In two cases little could be done as one partner was determined on separation. In three other cases there has been a reconciliation. The remaining case is still under consideration.

Co-operation with other Areas.

The help is gratefully acknowledged of Committees and Superintendents of Maternity Homes, and also Medical Officers of Health, in placing mothers and babies in Heywood, Manchester, Halifax, Blackburn and Leeds. As there is, of course, no Moral Welfare Maternity Home within the Borough, much urgent work could not be done without this co-operation.

We are also grateful to Children's Officers, Probation Officers, the N.S.P.C.C., and many other public officials and agents of Voluntary Societies in this and other areas, for the close co-operation which has been forthcoming whenever the need arose.

JOINT COMMITTEE FOR CHILDREN NEGLECTED OF ILL-TREATED IN THEIR OWN HOMES.

This Committee, formed at the end of 1950 and comprising representatives of the Local Authority, the Statutory Services and Voluntary Organisations, continued its regular meetings during the year with the Medical Officer of Health as Chairman.

There were eleven meetings held, at which the following have been represented :—

ROCHDALE CORPORATION :

Education, Borough Treasurer's, Housing, Children's, Welfare Services, Police and School Medical Departments.

N.S.P.C.C., PROBATION OFFICE, NATIONAL ASSISTANCE BOARD, HOSPITAL MANAGEMENT COMMITTEE, WAR PENSIONS WELFARE SERVICE.

PUBLIC HEALTH DEPARTMENT :

Maternity and Child Welfare, Sanitary Inspectors, Social Worker, Mental Health Workers.

It is interesting to note that no fewer than 13 of these Departments were represented at nine or more out of the eleven meetings.

A total of 14 new cases has been referred to the Committee from sources set out below :—

School Medical Department	...	...	...	5
Maternity and Child Welfare	...	...	...	3
Children's Department	...	...	...	1
Police	...	...	...	2
Education Department	...	...	...	1
Social Worker	...	...	...	1
N.S.P.C.C.	...	...	...	1

Further reports were made on nine of the 50 cases left on the 'live' register at the end of 1952. It was possible to close a further four cases, leaving 37 on the 'live' register still receiving a certain amount of supervision, but without further report to the Committee.

Besides the 14 new cases referred to the Committee, two cases closed in 1952 had to be re-opened. At the end of the year 62 cases remained on the 'live' register.

The following list shows the number of times these 25 cases have come up for discussion and further report.

	1951 and 1952 cases	1953 cases	Cases Re-opened
Once only	3	2	—
Twice	—	4	1
Three times	—	1	1
Four times	2	4	1
Five times	—	3	—
Seven times	2	—	—
Ten times	1	—	—
	—	—	—
	8	14	3
	==	==	==

An average of 8 cases came up for discussion at each meeting of the Committee.

Since their first report 8 out of the 25 cases have been under constant supervision by more than one Department and it appears that this supervision will have to be continued.

At each meeting one becomes more and more amazed at the complexity of the problem picture presented by the more persistent of these cases. What is equally striking is the similarity of the picture presented by this group of families. With the necessary alterations in names, addresses and number of children, the stories may be transposed almost word for word from one family to another.

It is still true that there have been no cases of real cruelty disclosed, but towards the end of the year particularly, the problems seem to be getting worse, probably because the families concerned were larger units. The year finished up with a preponderance of failures rather than successes. Low intelligence levels and inability to house-keep are always important components of the picture. Normal and successful family life is fostered and protected by family loyalties which are admired and treasured. In this group of families these same loyalties exist. Unfortunately, they seem most frequently designed for the frustration of the agencies seeking to assist.

Nurseries and Child Minders Regulation Act, 1948.

Under the first part of this Act, premises where children are received to be looked after during the day must be registered. Under the second part of the Act, persons who receive more than two children, who come from more than one household to be looked after during the day, must also be registered.

In the latter category, only two persons were registered during the year to receive a total of eleven children.

In the former category eight premises were registered at the end of the year. All of these are Nurseries attached to cotton mills in the town. In total these Nurseries were registered for the accommodation of 347 children. During the year 278 children were admitted to the Nurseries and 220 left the Nurseries. At the end of the year there were 314 on the registers.

The Matrons of the various Nurseries submit a quarterly report on the children and the Medical Officer in charge of Child Welfare pays a visit to each Nursery at three-monthly intervals. Each Nursery has its own visiting Medical Officer, who is usually the General Practitioner previously associated with the parent mill.

DAILY GUARDIANS SCHEME.

As from the 1st January, 1951, the scheme has operated on the following basis.

A quarterly fee of 10s. 6d. is paid to women who are approved and registered as Daily Guardians and who accept supervision by the Authority. This replaces the previous scheme whereby women received a fee of 2s. 6d. per week, per child minded.

At the end of the year two Daily Guardians were approved to take two children.

Domestic Help Service

During the year the Domestic Helps assisted in 230 cases (35 cases of maternity and 195 of general sickness, etc.) as against 190 cases during 1952. The average period over which assistance was given was 13 days for maternity cases and 127 days for general sickness.

At the end of the year 31 Domestic Helps (14 full-time and 17 part-time) were employed as compared with 25 (14 full-time and 11 part-time) at the end of the previous year.

Persons who state their inability to pay the full charge of 2s. 8d. per hour for the services of a Domestic Help are required to state their financial circumstances and are assessed in accordance with an approved scale which is based on a scale of charges recommended by the Association of Municipal Corporations.

The average rate of recovery of the cost of this Service during the year was 27% of the total cost. No charge was made to 55 households out of the total number of households to which this Service was rendered.

It will be noted from the above figures that this Service gives valuable assistance in Domiciliary Midwifery. Whilst this is true, its main function tends to be to assist the elderly sick and infirm. It is of considerable psychological as well as practical importance that these persons be maintained in the independence of their own homes as long as possible and the Domestic Help and Home Nursing Services are important instruments in achieving this. The Domestic Help Service must also join with the Home Nursing Service and the family doctor in providing for medical care of the patient outside hospital whenever, and as long as, this is practicable.

PREVENTION, CARE AND AFTER CARE.

Illness Generally.

Equipment for the nursing of cases at home is available either through the Home Nursing Service or from the Central Store. Convalescent Home accommodation is provided for persons who are recommended by local General Practitioners, Specialists or Hospital Medical Officers. Arrangements were made during the year for the admission of 66 cases to Convalescent Homes, usually for a period of two weeks. Extensions were granted in five cases on medical recommendation.

Accommodation was arranged for the 66 cases referred to, in the following manner :—

	Adults	Children
West Hill, Southport	50	—
Boarbank Hall, Grange	6	—
Llandudno Convalescent Home for Women ...	1	—
Greycourt, Hess Bank	5	—
Others	3	1
	<hr/> 65	<hr/> 1

The total cost of Convalescent Home accommodation was £226 of which £95 10s. 9d. or 47.27% was recovered.

Post-operative cases (18) formed the largest single class of admissions, the remainder being from a wide variety of causes, including Respiratory Diseases (15), General Debility (13), Rheumatism and Arthritis (4), Cardiac Debility (3), Gastric Conditions (3), Anaemia (1).

Health Education.

Most emphasis is laid on the personal advice given by the medical officers and health visitors in the clinics, and by health visitors, sanitary inspectors and social workers in the homes of the people.

Group talks are given in the child welfare and ante-natal clinics. Propaganda material of leaflet, booklet and poster type is obtained from the Central Council for Health Education. Members of the staff welcome opportunities to speak on health subjects to organised bodies.

Poster propaganda is frequently changed and directed towards topics considered to require particular attention. Prevention of accidents in the home constitutes part of the general advice given by health visitors in the course of their visits.

To assist in the giving of talks, a film strip projector and a supply of suitable film-strips was obtained during the year, as well as a flannelgraph.

Mental Health Service

Administration.

The Health Committee is itself responsible for the administration of this Service.

Staff.

Medical Officer of Health and Deputy Medical Officer of Health.

Duly Authorised Officers—two. Also act as Mental Health Workers.

Mental Health Workers—one.

Co-ordination with Regional Hospital Board, etc.

Mental Illness—Consultant Clinic held weekly by Regional Hospital Board medical staff, is attended by the Local Health Authority's Duly Authorised Officer for follow-up purposes. With scarcely any exception the supervision of patients on trial from mental hospitals, or on licence from mental institutions, is undertaken by the Duly Authorised Officers and the Mental Health Worker.

The Local Education Authority's Educational Psychologist assists in ascertainment.

No Child Guidance organisation is available in this region. This is a very serious drawback.

Work in the Community.

Work in respect of Mental Defectives and under the Lunacy and Mental Treatment Acts is provided for by regular visitation by the Duly Authorised Officers and the Mental Health Worker, and discussions with the patients' relatives, potential or actual employers, etc.

Ascertainment of Mental Deficiency is largely through the Local Education Authority. A few cases arise through the Courts and a very few arise from information given to the Mental Health Workers.

There are no cases under guardianship in the area of this Authority.

Occupation Centre.

The Occupation Centre which started in January, 1951, has had another successful year's work. The staff consists of :— 1 Supervisor, 3 Assistant Supervisors, a Caretaker and a Meals Server.

At the end of 1953 there were 34 children on the Register, 25 Borough, 8 County and 1 Birch Hill Hospital. During the year 14 children were admitted and 11 were discharged or otherwise left the Centre. Two of these left to take up work in local mills, one was admitted to Hospital, one was admitted to Institution, while three were excluded as unsuitable.

The staff have been most co-operative in regard to the admission to the Centre of children for observation purposes. With the exception of the one or two children mentioned above, the results obtained at the Centre are very good. The Members of the Health Committee at their visits and the Board of Control's Inspector were much impressed with the quality of the work.

The latter's report concluded with the comment that 'the children's manners call for special mention'. This is probably the key-note of the results aimed at and obtained at the Centre. It is not possible to contemplate teaching these children, but they are trained to adapt themselves socially. The change in their attitude towards each other after a few months in the Centre is most noticeable.

Almost all of them come into the Centre as individuals presenting great difficulties in their own homes. Gradually their behaviour problems are smoothed out and eventually the majority of them reach a helpful attitude towards other children. There is no doubt that they appreciate being treated as ordinary children in that they leave for school in the morning and return from school in the afternoon, just as does the ordinary child from next door.

Unfortunately, many of these children have physical defects in addition to their mental defectiveness. Even amongst some of these almost unbelievable improvements have taken place.

An interesting feature this year has been the establishment of, what in name is, a branch of the National Association of Parents of Backward Children. In fact, however, this is functioning along the lines of a Parent/Teacher Association. Besides regular meetings, the Association has already arranged for a children's outing and the provision of toys for Christmas.

Particulars of Mental Defectives as at 1st January, 1954:—

	During 1953				Total cases on Authority's registers as at 1st Jan., 1954			
	Under age 16		Age 16 and over		Under age 16		Aged 16 and over	
	M	F	M	F	M	F	M	F
1. Particulars of cases reported during 1953.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	2	5	—	—				
(2) On leaving special schools	—	—	1	1				
(3) On leaving ordinary schools	—	—	1	—				
(ii) Police or by Courts	—	—	—	—				
(iii) Other sources	1	—	—	1				
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	—	—				
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—				
Total number of cases reported during the year ...	3	5	2	2				
2. Disposal of cases.								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Statutory Supervision	3	5	2	1	19	14	28	15
(ii) Placed under Guardianship	—	—	—	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	1	—	4	10
(iv) Admitted to Institutions	—	—	—	—	7	8	51	39
(b) Of the cases not ascertained to be defective "subject to be dealt with" number:—								
(i) Placed under Voluntary Supervision	—	—	—	1	—	—	9	10
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	3	5	2	2	27	22	92	74
3. Classification of defectives in the Community on 1st Jan., 1953.								
(a) Cases included in Item 2 (a) (i) to (iii) above in need of institutional care								
1. In urgent need of institutional care—								
(i) "cot and chair" cases					1	—	—	—
(ii) ambulant low grade cases					1	—	—	—
(iii) medium grade cases					1	—	1	—
(iv) high grade cases					—	—	—	—
2. Not in urgent need of institutional care—								
(i) "cot and chair" cases					—	1	—	—
(ii) ambulant low grade cases					1	—	—	—
(iii) medium grade cases					2	—	—	—
(iv) high grade cases					—	—	—	—
Total of Item 3 (a)					6	1	1	—

	Under age 16		Aged 16 and over	
	M	F	M	F
3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) number considered suitable for—				
(i) occupation centre	14	12	—	—
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
Total of item 3 (b)	14	12	—	—
(c) Of the cases included in item 3 (b) number receiving training on 1st Jan., 1954—				
(i) in occupation centre	13	12	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of item 3 (c)	13	12	—	—

4. Number of mental defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	Males	Females	Total
(a) Ceased to be under care	1	—	1
(b) Died, removed from area, or lost sight of	2	3	5
Total.....	3	3	6

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care—

(a) Number who have given birth to children while unmarried during 1952—Nil.

	Males	Females
(b) Number who have married during 1953	—	—

Several children were admitted to Hospital for varying periods in accordance with the provisions of the Ministry of Health Circular 5/1952. The accommodation is that rendered available by defectives allowed holiday licence. This provision enabled the parents of ten defective children to take a much needed holiday.

The matter of the provision by Mental Deficiency Hospitals of sufficient beds to meet the needs of all the areas which they serve is, and must be, continually under review. The addition of new wards is a slow process, in any case, available accommodation depends more upon staffing than upon buildings. It, therefore, becomes of the utmost importance that only those cases which need admission and retention in hospital are so dealt with and that all cases which can be released to suitable guardianship or supervision in the community are discharged so as to make accommodation available. The number of cases really

suitable for treating in this manner is, however, small. Many are fit to be discharged if they had a home to go to. Many who behave well in institution require very close supervision when they come into the community. On the other hand, it must be agreed that the waiting list of today includes a very large proportion of most urgent and tragic cases. Many others are a danger to themselves and to others, and impose continual strain on their parents and near relatives. In regard to this group, every day seems to bring a new set of problems for solution to the Officers of the Local Authority whose duty is to supervise them.

Treatment of Mental Patients.

	Males	Females
Mental Patients in Hospitals on the 31st December, 1952	111	159
Admissions during the year	47	57
Discharges during the year	48	59
Mental Patients in Hospitals on 31st December, 1953	110	157

Analysis of Patients Discharged during 1953.

Recovered	17	28
Relieved	21	19
Not improved	—	—
Transferred to other Hospitals	1	4
Deaths	9	8

The 267 patients still in Hospitals at 31st December, 1953, were distributed as follows :—

Prestwich	83
Whittingham	46
Lancaster Moor	22
Rainhill	17
Winwick	24
Boundary Park	6
Birch Hill	53
Springfield	8
Others	8
	<hr/> 267 <hr/>

Visits to Mental Patients during the year ... 1,849

Mental Health Clinic.

The care of mental patients both before and after hospitalisation has been greatly helped by the increased clinic accommodation and service.

Dr. A. Pool, Consultant Psychiatrist, has continued to be in charge of the Psychiatric Clinic organisation in Rochdale and district. In August last the clinic was transferred to Sparthfield, Manchester Road, Rochdale. There are now three sessions weekly, Dr. Pool being assisted by Medical Officers from Prestwich Hospital and Birch Hill Hospital

The number and variety of cases dealt with continues to increase and a useful and helpful co-operation exists between the medical and clinic staff, and the mental health staff of the Local Health Authority.

The condition of patients discharged from mental hospitals still varies considerably. Although patients on discharge may not be classed as 'recovered', they are in many instances able to resume a fairly normal existence in society with the help of advice and guidance to be obtained through the out-patient clinics or by contact with the mental health staff of the Local Authority.

Of the cases ascertained during the year, three males and five females were under the age of 16 years. Of these, three males and four females are attending the Occupation Centre. One female is in regular employment.

The remaining four cases ascertained during the year were over the age of 16 years. In this group two males and one female are in regular employment, and one female in unemployable.

The 105 cases accommodated in Hospitals for Mental Defectives (an increase of six during the year), are spread over eleven such Hospitals, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert.

The 15 defectives noted as in "Places of Safety", consist of one male under 16 years, four males over 16 years and ten females over 16 years. These cases are accommodated in Birch Hill Hospital.

At the end of the year there were six males under the age of 16 years, one male over the age of 16 years, and one female under the age of 16 years, awaiting admission to Hospitals. The accommodation problem has not improved and accommodation is only found after great difficulty. The position with regard to male vacancies is more acute than for female vacancies.

Cases under Supervision.

On the 31st December, 1953, there were 95 cases under Community Care, 76 of these being under Statutory Supervision and the remaining 19 under Voluntary Supervision. Of the cases under Statutory Supervision 38 are in regular employment, 32 are under the age of 16 years and 6 are unemployable and in receipt of National Assistance.

Of the cases under Voluntary Supervision 8 are in regular employment and 11 are unemployable and in receipt of National Assistance.

The Mental Health Visitor made 1,169 visits during the year to the homes of Mental Defectives and supplied Case Notes or other reports on 61 cases.

Prevalence of Infectious Diseases

A slight increase in infectious diseases as a whole is noted as compared with 1952, particularly if the absence of Variola Minor is taken into account. The main increases are in respect of Scarlet Fever and Measles, both of which are also considerably above the average for the last few years. Measles was prevalent during the five months March to July. Another notable feature is the continued absence of cases of Diphtheria and the marked reduction in notified Tuberculosis.

The following summary shows the comparative incidence of the various types of infectious diseases over the last seven years :—

			1953	1952	Average 1947-51
Scarlet Fever	...	...	143	48	116
Diphtheria	...	...	—	—	8
Tuberculosis	...	...	65	104	122
Pneumonia	...	...	15	23	29
Whooping Cough	...	...	259	227	172
Measles	...	...	1006	896	677
Chicken Pox	...	...	15	84	15
C. S. Meningitis	...	...	—	—	3
Poliomyelitis	...	...	8	—	4
Other Diseases	...	...	36	28	35
			1547	1410	1181

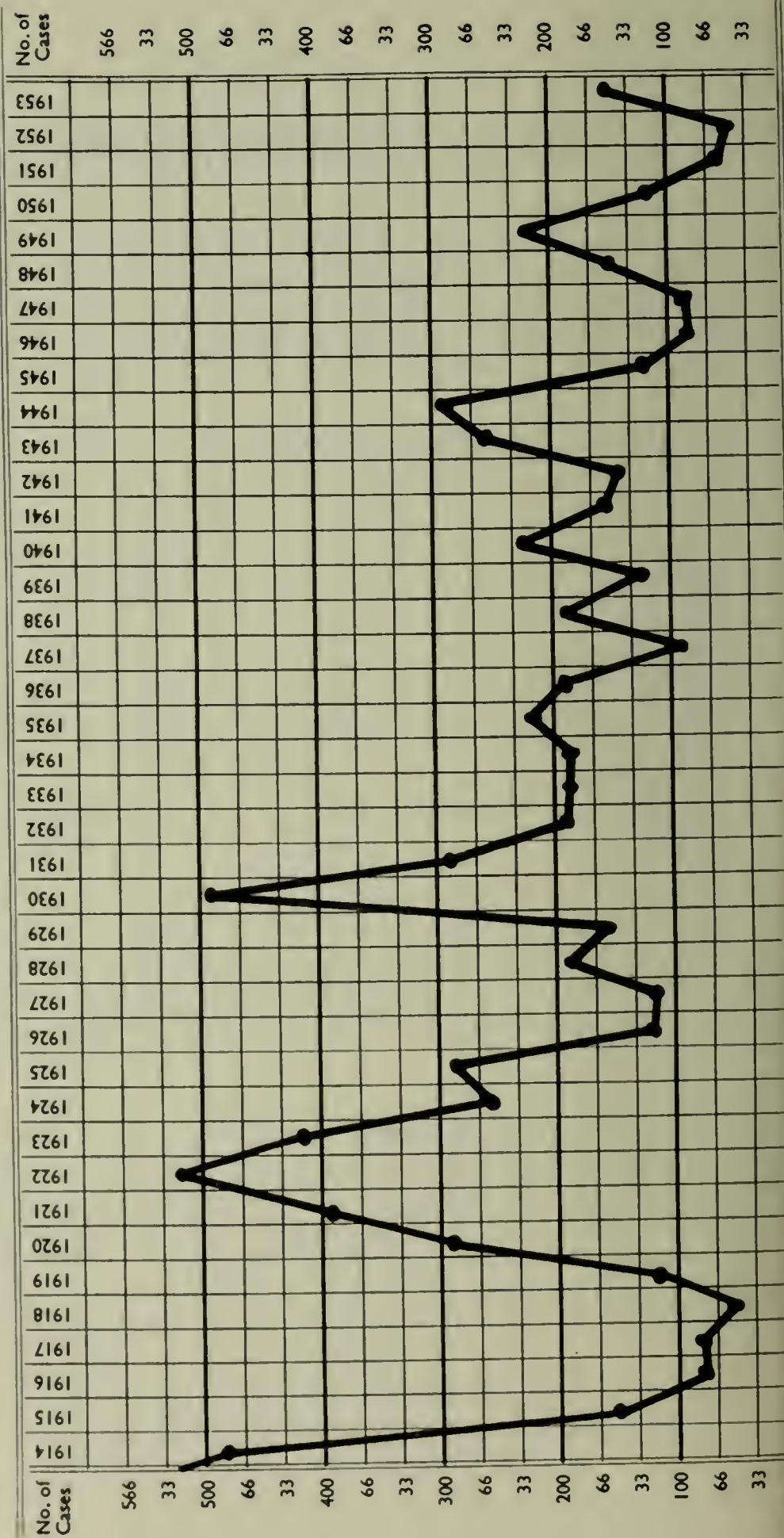
In addition to the above formal notifications the following cases of infectious diseases were brought to the notice of the Department, chiefly through the medium of schools :—Whooping Cough 13 ; Measles 14 ; Chicken Pox 14.

Marland Infectious Diseases Hospital.

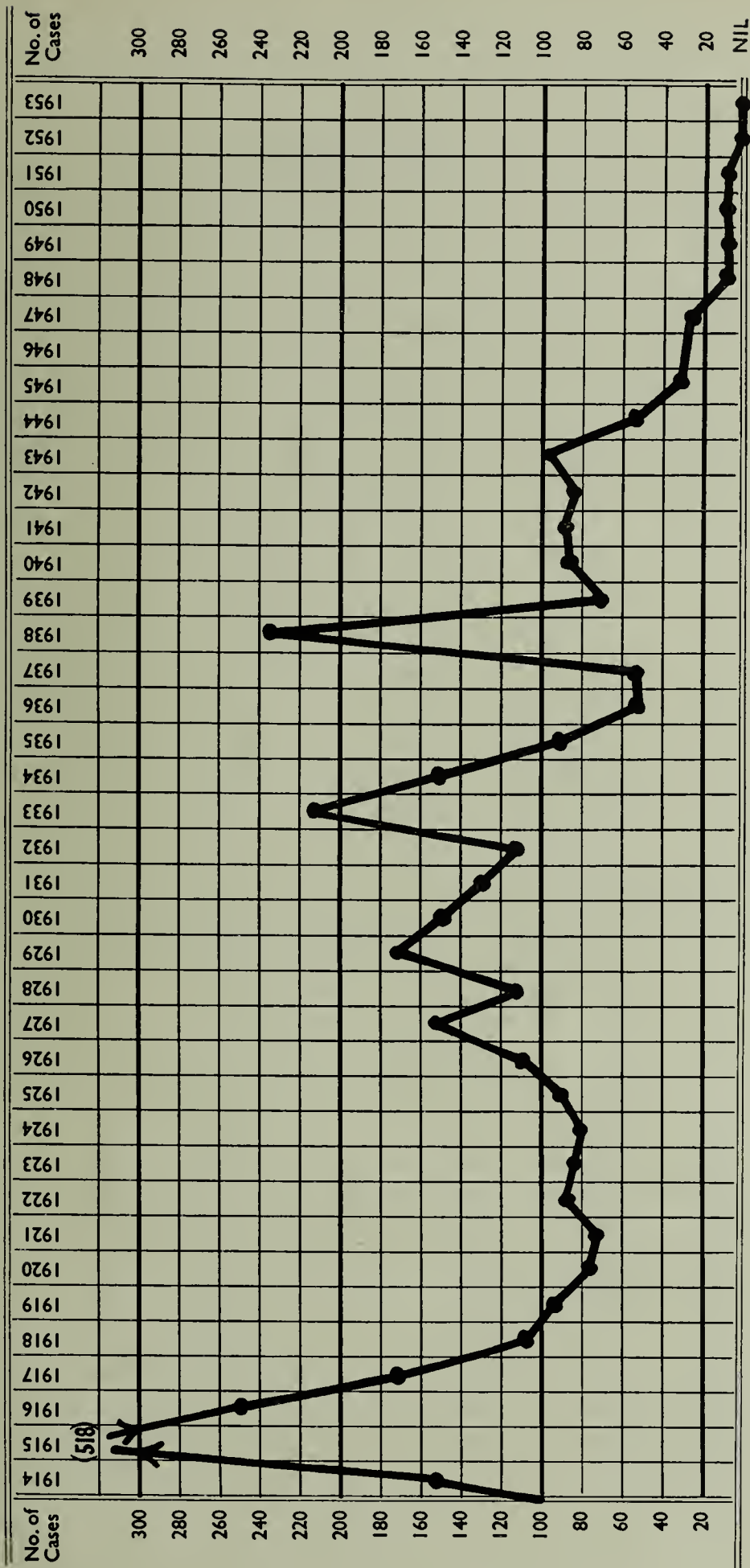
During the year 140 cases were admitted to hospital from the County Borough area and 139 were discharged. Scarlet Fever accounted for nearly one half the admissions and discharges. There was only one death from infectious disease in the hospital during the year, this being a child of $2\frac{1}{2}$ years who was admitted suffering from Whooping Cough and Convulsions who died one hour after admission.

Of the eight cases notified as Poliomyelitis, two were of the non-paralytic type and most of the others showed only moderate involvement. Five of the cases occurred between the beginning of October and the end of November.

County Borough of Rochdale — Scarlet Fever Incidence — Years 1914-1953



County Borough of Rochdale — Diphtheria Incidence — 1914-1953



Tuberculosis

There were 53 new cases of Tuberculosis notified as against 94 the previous year and 76 in 1951, and an average of 107 during the five years 1946-50.

Of these 53 cases, 51 were Pulmonary and 2 Non-Pulmonary.

In addition, 12 cases, all Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these one was reported after death and eleven were transferred from other areas.

These figures of notifications represent the lowest incidence of Tuberculosis in Rochdale ever recorded. In 1913, 195 cases of Pulmonary Tuberculosis were notified in the Borough, together with 164 cases of Non-Pulmonary Tuberculosis.

Comparative figures are given below :—

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
1913—17	184	108	292
1918—22	199	50	249
1923—27	85	40	125
1928—32	85	36	121
1933—37	81	26	107
1938—42	84	29	113
1943—47	71	20	91
1948—52	89	15	104
1953	51	2	53

The following table sets out the number of deaths and mortality rates for the years 1942 and onwards.

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		All Forms	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1942	44	0.52	5	0.06	49	0.58
1943	36	0.44	10	0.12	46	0.56
1944	39	0.48	10	0.12	49	0.60
1945	32	0.39	6	0.07	38	0.46
1946	31	0.36	11	0.13	42	0.49
1947	41	0.47	9	0.10	50	0.58
1948	44	0.50	5	0.06	49	0.56
1949	15	0.17	4	0.04	19	0.21
1950	38	0.43	4	0.04	42	0.47
1951	23	0.26	4	0.05	27	0.31
1952	26	0.30	4	0.05	30	0.35
1953	23	0.27	2	0.02	25	0.29

The 53 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years	...	1	...	...	...	...	1	...
5—15 „	1	...	...	1	...	...	...	...
15—25 „	2	12	...	...	...	1	...	...
25—35 „	8	4	...	...	1	6	...	...
35—45 „	2	2	...	...			...	...
45—55 „	4	4	...	1			...	...
55—65 „	8	1	...	...	7	4	1	...
65 years and over	2	...	...	...			...	..
TOTAL	27	24	...	2	11	12	2	...
1952	49	38	5	2	18	8	2	2
1951	42	26	3	5	14	9	2	2

The following is a summary of the known cases of Tuberculosis in the Borough at the 31st December, 1953 :—

				Males	Females	Total
Pulmonary	...	...	...	289	237	526
Non-Pulmonary	...	...	...	49	40	89
				338	277	615

At the end of the year there were 50 cases of Pulmonary Tuberculosis living at home who had been sputum positive cases and who were either still positive or had not yet been declared negative. All of these were regarded as satisfactorily isolated at home. By this is meant that the home conditions and the patient's observation of the rules of prevention were together sufficient to avoid his being a source of fresh infection.

With the appointment of William Gulliford, S.R.N., Q.N., in January, we were able to bring up to strength again the Tuberculosis health visiting staff. The appointment of a male Tuberculosis Visitor was an interesting experiment which has proved quite successful.

Re-housing of the Tuberculous.

The details of this scheme of co-operation between the Health Committee, the Housing Committee and the Hospital Management Committee through the Chest Physician, have been given in previous Reports.

During 1953 the Chest Physician made 25 recommendations for various degrees of priority in re-housing. Two of these were considered by the Medical Officer of Health to be outside the priority scheme and one was held over for further investigation. There were 22 cases submitted to the Housing Committee who approved re-housing in all but one, which was deferred for further consideration.

In actual fact 22 cases were re-housed during the year, two of these being those carried over from 1952. By this it will be seen that once the necessary approval has been given the period for re-housing is very short.

Residential Treatment.

During the year 28 Rochdale patients were at their first examination recommended for Sanatorium treatment. There was a tendency for the waiting list to rise towards the end of the year and this position was kept under discussion by the Health Committee and the Hospital Management Committee. At no time did the waiting list materially affect Non-Pulmonary cases or cases of Tuberculosis in children.

The following table shows the work carried out at the Chest Clinic during the year :—

	Adults		Children	Total
	M.	F.	under 16 yrs.	
Number of Clinic Sessions				155
Total attendances	1942	1738	522	4202
New Patients examined found :—				
(a) Tuberculous	15	18	—	33
(b) Non-Tuberculous	288	306	64	658
Contacts examined	30	46	65	141
Contacts found to be Tuberculous	—	1	—	1
B.C.G. Vaccinations	1	—	31	32
Mantoux Tests	21	45	144	210
Treatment recommended (Tuberculous cases only) :—				
(a) Sanatorium or Hospital	13	16	—	29
(b) Domiciliary	2	3	—	5
Removed from Register	72	62	19	153
Visits by Nurses	—	—	—	3388

Venereal Diseases

No material change had been made in the day to day arrangements at the end of the year. There were 574 (341 males and 233 females) dealt with during the year, as against 639 in 1952. The number of new cases was 264 (183 males and 81 females), but of these 143 did not require treatment.

The following summary gives the number of cases dealt with during the past three years :—

	1953	1952	1951
1. No. of persons under treatment or observation at commencement of year	305	269	389
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection	1	3	6
3. No. of new cases who have had previous treatment	4	7	4
4. No. of new cases	264	360	319
Total cases dealt with	574	639	718
5. Total attendances :—			
for the attention of Medical Officer	3,035	4,629	4,063
For irrigation, dressing, etc.	524	684	570
6. No. who ceased to attend :—			
(a) Before completion of treatment	6	2	34
(b) After completion of treatment, but before final test as to cure	11	2	9
7. No. discharged after completion of treatment and final test of cure or after diagnosis as non-venereal	290	307	378

Sanitary Circumstances of the Area

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the Report, also to the Manager of the Heywood and Middleton Water Board.

Water Supply.

The County Borough draws its water supply from two sources, the Corporation Waterworks, and the Heywood and Middleton Joint Water Board. A summary of the reports submitted by Mr. R. N. Simpson, M.Inst.W.E., Waterworks Engineer, Rochdale, and Mr. A. F. Herd, A.Inst.W.E., Manager of the Heywood and Middleton Water Board, is set out below in the manner prescribed by the Ministry of Health.

	Rochdale	Heywood & Middleton
(i) Whether the water supply of the area and its several parts has been satisfactory.		
(a) in quality	Satisfactory	Satisfactory
(b) in quantity	Satisfactory	Satisfactory
(ii) Where there is a piped supply whether bacteriological examinations were made of the raw water and, where treatment is installed, of the water going into supply	Chlorination	Chlorination
if so, how many and the results obtained	93 samples—satisfactory	40 samples—satisfactory
the results of any chemical analyses	84 samples—satisfactory	40 samples—satisfactory
(iii) Where the waters are liable to have plumbo-solvent action, the facts as to contamination by lead, including precautions taken and number and result analyses	Plumbo-solvent action, pH. value controlled by addition of lime	Plumbo-solvent action, pH. value controlled by addition of chalk.
	No dissolved lead found in any samples.	No dissolved lead found in any samples.
(iv) Action taken in respect of any form of contamination	Nil.	Nil.
(v) Particulars of the number of dwelling houses and the number of the population supplied from public water mains	Population	Population—
(a) direct to the houses	83,000 approx.	4,150 approx.
(b) by means of stand-pipes	24,500 approx.	1,384 approx.
	Nil.	Nil.

Drainage and Sewerage.

At Roch Mills Sewage Purification Works the sewage is screened after grit removal and then passed through Primary and Secondary sedimentation Tanks. Half the flow is then passed through an Activated Sludge Plant constructed on the Kessener System and the other half is pumped to bacteria beds. Good effluents are obtained.

Rivers and Streams.

The Mersey Rivers Board is responsible for the prevention of pollution of rivers and streams in this area. The Corporation co-operates with the Rivers Board in providing facilities for the discharge of polluting effluents to the sewers for subsequent purification at the Sewage Works. A number of agreements have been made during the last few years with local manufacturers which have considerably reduced the river and stream pollution in the County Borough Area.

Other investigations are being made with a view to removing all sources of pollution in the area.

W. H. G. MERCER, B.Sc., A.M.Inst., C.E.,
Borough Surveyor.

Meteorological Notes.

The following is a summary of the features of the year as recorded at the Meteorological Station, Roch Mills Sewage Works, and is included by courtesy of the Borough Surveyor :—

The following Table gives data for the six complete years that the Station has been in operation and shows that the Mean Temperature for the year was above average, and rainfall and sunshine below average, but that the duration of sunshine for 1953 was the highest since 1949.

			Mean Temperatures Deg. F.	Total Rainfall Inches	Sunshine Total Hrs.	Daily Average
1948	...	...	48.4	41.86	1252.7	3.42
1949	...	...	49.6	41.79	1520.6	4.17
1950	...	...	47.3	47.95	1172.4	3.20
1951	...	...	47.2	45.93	1187.6	3.25
1952	...	...	47.0	40.89	1152.2	3.15
1953	...	...	48.7	38.42	1206.1	3.30
Mean	...	...	48.0	42.81	1248.6	3.42

January was the coldest month of the year with a mean temperature of 38.0 Deg. F. November and December were the mildest recorded in six years with mean temperatures of 46.2 Deg. F. and 43.0 Deg. F. respectively.

A maximum screen temperature of 87 Deg. F. was recorded on the 12th August and is the highest ever registered by the Station, the previous highest being 86 Deg. F. on the 6th June, 1950.

Rainfall for the first half of the year was comparatively light, but the two 'holiday' months, July with 5.49 inches registered over 19 days, and August with 5.23 inches over 18 days, were the wettest. Another feature was the dry spell that occurred from the 24th February to the 24th March (inclusive) a total of 29 days. This was closely followed by the wettest day of the year, 28th March upon which 1.39 inches of rain fell.

During the year there were 151 days which had less than one hour's sunshine and, of these, 96 days recorded practically no sunshine.

Public Cleansing.

The arrangements for public cleansing remained substantially the same as for last year. Difficulty in recruiting a good type of labour for this essential work was still noticeable and became more marked in the closing months of the year. This made it impossible always to maintain the desired standards of service.

Continuing the scheme for the modernisation of the fleet of refuse collection vehicles, three new vehicles with loaders' compartments were ordered and will be in service by the time this report appears.

The provision and maintenance of dustbins for house refuse as a charge against the general rate continued to work satisfactorily. The number of British Standard dustbins supplied during the year under this scheme was 2,023.

House refuse was collected by covered motor vehicles and passed through a separation and incineration plant at Entwisle Road Depot. The process included the screening out of fine ash and fuel cinder, the magnetic extraction and baling of tin cans and other ferrous metals, the hand salvaging of other saleable material and the production of steam for the central public baths, the steam disinfecter and the pig food plant. Following the decontrol of animal feeding stuffs on the 1st August, a fall in the demand for pig food concentrate was felt and at the same time the yield of raw material increased. The quantity of kitchen waste dealt with was 912 tons as against 865 tons in 1952.

The weights of other materials salvaged and sold were scrap metals 832 tons (893), waste paper 339 (217), textiles 28 (30), fuel cinder 579 (527) and sundries 30 (41).

The cleansing of streets continued to be carried out on the beat system and street gullies were emptied and flushed regularly by petrol-driven gully emptying machines.

W. R. BOOKER, A.M.Inst.P.C.,
Cleansing Superintendent.

Sanitary Inspection of the Area.

The staff of the Sanitary Inspectors' Department consists of the Chief Sanitary Inspector and his Deputy, together with five Sanitary Inspectors and a Meat and Foods Inspector. At the beginning of the year there were two Housing Survey Officers but it became necessary as an economy measure to dispense with the services of one of them and for the last six months of the year there has only been one Officer engaged on this duty. Three Rodent Operatives are attached to this Department, and the Infectious Diseases Enquiry Officer works part-time in this Department dealing mainly with disinfection.

The bulk of the work of the Inspectors during the year has been once again in connection with the repair of dwellinghouses and their out-buildings. Recent Annual Reports have contained remarks on the nature of this work and the difficulties associated with it. The effect of these difficulties can be seen in the increased number of Abatement and Statutory Notices served and further evidence is afforded by the fact that in a number of cases it was necessary to obtain Magistrates' Orders to enforce the execution of repairs, whilst in other cases the work had to be done by the Corporation in default of the owner and costs had to be recovered.

Most of the nuisances and defects were, however, still dealt with by informal means, i.e. by the issuing of Preliminary Notices, which are in fact letters drawing attention to defects and suggesting remedies.

During the year 539 Preliminary and Informal Notices and 93 Abatement or statutory Notices for the abatement of nuisances and remedy of sanitary defects in and around dwellings were served on owners and occupiers. In 13 cases it was necessary to take legal proceedings against the owners of property and to obtain Magistrates' Orders to enforce the execution of repairs, and in all these cases the work had to be carried out by the Corporation and the costs recovered from the owners. In two other cases legal proceedings were withdrawn on the day of the hearing as the necessary repairs had just been completed by the owner. In 10 other cases concerning water closets, drains, rainwater pipes, etc. the Notices were not complied with and the Corporation carried out the work in default of the owners. Subsequently arrangements had to be made to recover the cost of this work also.

The following classified statement shows the nature of the works which were accomplished during the year. The statement also includes work carried out in factories and food premises, etc., following the service of Preliminary Notices, but excludes work done under the Housing Acts.

NATURE OF NUISANCES DEALT WITH						Nos.
HOUSES—						
Verminous dwellings disinfested	...	...	...	...	...	93
Dirty houses cleansed	...	...	...	...	...	17
Repairs to roofs, floors, walls, eavestroughing, rainwater pipes, chimneys and general repairs to brickwork or stonework (including dampness) and repair or renewal of house fittings...						1177
YARDS, PASSAGES, ETC.—						
Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	...	13
Offensive accumulations and stagnant water removed	...	...	...	...	...	35
SANITARY CONVENIENCES—						
Closet buildings repaired	...	...	...	...	...	51
Closet fittings repaired	...	...	...	...	...	77
DRAINS—						
Main or branch drains repaired or cleared	...	...	...	...	...	73
GENERAL						
Absence or unsatisfactory condition of sanitary accommodation at factories and shops	...	...	...	...	...	19
Miscellaneous nuisances remedied	...	...	...	...	...	4
FOOD PREMISES—						
Absence of washing facilities	...	...	...	...	...	8
Lack of adequate ventilation	...	...	...	...	...	2
Want of limewashing or cleansing of premises used for the preparation or storage of food	...	...	...	...	...	28

Rochdale Corporation Act, 1937—Establishments for Massage and Special Treatment.

The provisions of Part VIII of the Act officially came into operation on the 11th February, 1952, and thereafter any person carrying on an establishment within the meaning of the Act without a Licence or exemption becomes liable to legal proceedings. The attention of all persons known to be carrying on establishments for Massage and Special Treatment was drawn to the new provisions and, as a result, 18 made application and Licences were issued to them, while three exemptions were approved in respect of Registered Physiotherapists.

During 1953, 16 Licences were renewed and 2 exemptions were extended. Three further applications were received during the year, of which one was granted and two were refused.

During the year Inspectors have paid 30 visits of inspection to premises as Officers duly authorised in accordance with the provisions of the Act.

Housing.

During the year the Housing Committee continued to accept representations for the demolition or closing of unfit houses. For the first nine months of the year

houses were allotted for this purpose at the rate of 50 per annum but at the September Meeting of the Committee this was increased to 75 houses per annum and representations were submitted at this new rate during the final quarter of the year.

During September a report was submitted to the Chairman and members of the Housing Committee which contained a list of 245 unfit houses. These houses were considered to be in such a state as to require early demolition and closing. The list was extracted from the records of a survey of 13,295 houses in seven Wards of the Borough (Smallbridge, Central, Wardleworth, Deeplish, Falinge, Newbold and Balderstone), supplemented by information available in the Department as regards those Wards in the Borough where the survey had not then been completed. The preparation of this list produced evidence that 550 other houses (458 back to back houses, inset cottages, etc. and 92 through houses) were in poor repair and would require attention as soon as those in the first list had been dealt with. Also it was found that there was a third group of houses numbering 2,969, that is, 1,324 back to back houses, etc. and 1,645 through houses, which will require attention after the second group. It should be appreciated that some inter-change between these groups may become necessary as time goes on, but most of the houses in the third group will require to be dealt with in areas rather than as individual houses.

Representations concerning 55 houses were submitted, and, in addition, a representation was submitted concerning four attic rooms on the top floor of a house-let-in-lodgings. Of the 55 houses, 2 were empty when the representation was made, and of the four rooms three were empty. The Housing Committee dealt with the representations as follows :—

Demolition Orders made	...	...	...	...	45
Closing Orders made...	...	...	...	...	8
Undertakings accepted from Owners that houses					
would not be used for human habitation	...				2

The action to be taken in connection with the house concerned in the remaining representation was still under consideration at the time this report was written.

HOUSING SURVEY.

The survey of housing conditions in the Borough continued during the year, although only one Inspector was employed in the latter part of the year. Reports were made on 2,764 houses, bringing the total number of houses inspected to 16,270.

Table I brings up to date the results of these inspections on the two wards completed this year, as well as the totals for the seven wards previously inspected and reported upon. The wards concerned are indicated by symbols "A"—Falinge; "B"—Wardleworth; "C"—Central; "D"—Balderstone; "E"—Newbold; "F"—Deeplish; "G"—Smallbridge; "H"—Healey; "I"—Brimrod.

TABLE I.

	Ward "H"	Ward "I"	Wards "A, B, C, D, E, F & G"	Totals
AGES OF HOUSES :				
Built before 1870	665	451	7,196	8,312
Built 1871—1890	187	262	2,897	3,346
Built 1891—1915	404	749	4,413	5,566
Built 1916—1932	13	17	305	335
Built after 1932	149	94	887	1,130
Totals for whole Ward ...	1,418	1,573	15,698	18,689
TYPE OF HOUSES :				
Back-to-back	187	40	1,446	1,673
Inset Cottages	20	6	221	247
Not through houses	77	16	441	534
Through houses	987	1,364	11,374	13,725
Others	22	45	24	91
Total number Surveyed ...	1,293	1,471	13,506	16,270
CLOSET ACCOMMODATION :				
Water Closet	1,126	1,331	12,864	15,321
Waste Water Closet	28	96	273	397
Pail Closet or Privies	139	44	369	552
DOMESTIC WASHING FACILITIES:				
Washing done in—				
Wash-houses	17	3	112	132
Wash cellars	43	52	542	637
Sculleries or Kitchens	940	1,155	10,321	12,416
Living rooms or				
living kitchens ...	293	261	2,531	3,085
HOUSES WITH FIXED BATH ...	335	494	3,321	4,150
HOUSES WITH VENTILATED				
FOOD STORES	170	114	1,339	1,623
GENERAL STANDARD OF REPAIR				
Good	596	683	4,096	5,375
Medium	476	629	5,927	7,032
Poor	221	159	3,483	3,863
HOUSES OVERCROWDED ACCOR-				
DING TO HOUSING ACT				
STANDARDS... ..	2	2	99	103

TABLE II.

House Type	Date of Erection						Totals Not Insp.
	Pre 1870	1871- 1890	1891- 1915	1916- 1932	1932	Insp.	
Through	4,274	2,888	5,132	327	1,104	13,725	
Back-to-back ...	1,629	44	—	—	—	1,673	—
Inset	244	3	—	—	—	247	—
Not through ...	520	14	—	—	—	534	—
Not Inspected ...	1,197	309	369	5	17	—	1,897
Others Inspected— Shops, Hotels Farms, etc. ...	44	22	17	—	8	91	—
Other Not Inspected	404	66	48	3	1	—	522
Total Inspected ...	6,711	2,971	5,149	327	1,112	16,270	—
Total Not Inspected	1,601	375	417	8	18	—	2,419
TOTAL	8,312	3,346	5,566	335	1,130	18,689	

Table II shows the problem of back-to-back and similar houses as against the age of the property and indicates that the largest part of this problem exists in houses built before 1870.

TABLE III.

	Pre 1870	1871- 1890	1891- 1915	1916- 1932	1932		
Total No. in District...	6,711	2,971	5,149	327	1,112	16,270	
Baths	727	507	1,496	308	1,112	4,150	
Hot Water B/Boiler	820	587	1,838	312	1,112	4,669	
Hot Water Geyser ...	1,113	762	1,289	7	—	3,171	
W.C.	6,228	2,905	4,749	327	1,112	15,321	16,270
W.W.C.	12	17	368	—	—	397	
Pail	464	49	32	—	—	545	
Privy	7	—	—	—	—	7	
Water supply ...	6,674	2,969	5,012	327	1,112	16,094	
Drainage Sat. ...	6,022	2,902	4,705	327	1,112	15,068	
Food Store Sat. ...	172	44	181	246	980	1,623	
Yards and Gardens ...	1,525	2,592	4,822	297	1,112	10,348	
Sinks—Porcelain ...	3,607	2,035	4,037	324	1,112	11,115	16,270
Salt Glazed ...	186	169	313	3	—	671	
Stone	2,918	767	799	—	—	4,484	
Washing Facilities—							
Scullery	4,090	1,830	3,262	315	1,110	10,607	16,270
Kitchen	518	363	925	2	1	1,809	
L.Rm/K.	376	408	679	7	—	1,470	
L.Rm.	1,439	105	71	—	—	1,615	
Cellar	239	228	170	—	—	637	
Wash-house ...	49	37	42	3	1	132	
Standard—Good ...	459	711	2,769	324	1,112	5,735	16,270
Medium	2,899	1,838	2,293	2	—	7,032	
Poor	3,353	422	87	1	—	3,863	
Overcrowded	86	9	8	—	—	103	

Table III gives more detail of the condition of the houses according to their age and again shows the preponderance of the problems in the pre-1870 houses. This group of houses is further analysed in Table IV.

TABLE IV.

No. in District	Type Pre 1870						
	Thro.	B.to B.	Not Thro.	Inset	Others		
No. in District ...	4,297	1,631	527	248	8	6,711	
Baths	711	6	10	—	—	727	
Hot Water B/Boiler	797	9	14	—	—	820	
Hot Water Geyser ...	925	137	48	13	—	1,113	
W.C.	4,076	1,506	416	228	2	6,228	
W.W.C.	11	—	1	—	—	12	
Pail	207	125	106	20	6	464	6,711
Privy	3	—	4	—	—	7	
Water Supply ...	4,288	1,630	504	244	8	6,674	
Drainage Sat. ...	4,067	1,348	376	229	2	6,022	
Food Storage Sat. ...	166	1	4	1	—	172	
Yards and Gardens ...	1,489	18	14	4	—	1,525	
Sinks—Porcelain ...	2,792	528	212	73	2	3,607	
Salt Glazed ...	125	41	15	4	1	186	6,711
Stone	1,380	1,062	300	171	5	2,918	
Washing Facilities—							
Scullery	3,070	718	256	42	4	4,090	
Kitchen	495	9	10	2	2	518	
L.Rm/Kit.	354	7	13	2	—	376	
L.Rm.	110	886	239	202	2	1,439	6,711
Cellar	222	10	7	—	—	239	
W.House	46	1	2	—	—	49	
Standard—Good ...	451	5	3	—	—	459	
Medium	2,373	340	106	80	—	2,899	6,711
Poor	1,473	1,286	418	168	8	3,353	
Overcrowded	34	39	4	8	1	86	

Many deductions can be formed from a study of these Tables. A rough estimate of the extent of the re-housing problem in Rochdale may, however, be gathered from the following headings added together.

Through houses in poor condition (Table IV)	...	...	...	1473
Back-to-back houses (Table IV)	...	...	...	1631
Not through houses (Table IV)	...	...	...	527
Inset cottages (Table IV)	...	...	...	248
Houses built 1871-1890—in poor condition (Table III)	422
Houses built 1891-1915—in poor condition (Table III)	87

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There is a sufficient amount of sub-standard housing in that total to keep the Housing Department busy for many years and, no doubt, standards will alter materially in the interval.

Applications for Corporation Houses.

During 1953, 113 houses have been inspected and reported upon in this connection. It is complimentary to the Points Letting Scheme that these special cases remain small in number.

Common Lodging Houses.

At the beginning of the year five of these premises were registered for the twelve months. One other building, containing two common lodging houses, with a registration for three months only, had the registration renewed for a further three months. At the conclusion of this second period, there being no improvement in the conduct of the premises, the Health Committee had no alternative but to close them. At the end of the year therefore, there existed five common lodging houses, comprising 27 rooms, containing 370 beds. There were 90 visits of inspection made during the year.

Houses Let in Lodgings.

The control of houses-let-in-lodgings has continued to present a difficult problem during the year. Such premises tend to be established without notification to the Local Authority and the discovery of them is not easy. The inspection of the premises takes considerable time and much of the work has to be done outside the normal office hours. There were 258 inspections of such premises during the year. The main causes of complaint were poor food storage accommodation, inconvenient fuel stores and lack of adequate washing and cooking accommodation, all tending to create uncleanness in the rooms. It is often difficult to ensure the maintenance of cleanliness in common rooms and passages, and it was the experience of the Department's Officers that in many cases caretakers were caretakers in name only. In other houses of this type no caretaker at all was appointed, the work being the responsibility of some person living elsewhere. It is unfortunate that we have no means of ensuring that a working caretaker lives at each house with responsibility for its management. Nevertheless, many houses and rooms were well kept and were provided with reasonable amenities. Towards the end of the year it became much more common to find empty rooms in these premises and this trend has been increasing up to the time when this report is being written.

Closet Accommodation.

The accommodation in the Borough at the end of December was approximately as follows :—

Fresh Water Carriage System	...	...	...	29,524
Pail Closets	...	...	...	874
Waste Water Closets	...	...	...	1,285
Privy Middens	...	...	...	19

In 1911 when the scheme for the conversion of pail closets commenced it was estimated that there were 14,031 pail closets in use in Rochdale. In 1933

the inclusion of Norden in the Borough added 453 pail closets to the list making a total of 14,484. During 1953, 39 pail closets were converted to the fresh water carriage system, or were demolished and, at the end of the year, 874 pail closets were still in use.

The table below shows that almost all these remaining pail closets are difficult to convert. In some cases, it must be accepted that conversion is physically impossible. In other cases the properties associated with the pail closets should be demolished.

In addition to the conversion of pail closets 79 waste water closets were converted to the fresh water carriage system during the year.

Number and Class of Premises involved		Total number of Closets	Conversion held up by Sewer Difficulties	Property Scheduled for Dem.	Capable of Conversion
Dwellings with shared accommodation	718	298	123	155	20
Dwellings with separate accommodation	467	467	329	104	34
Churches	7	68	45	—	23
Schools	2				
Shops, Workshops, etc.	25				
Sports Clubs and Clubs, etc. ...	12	41	25	—	16
	1231	874	522	259	93

Smoke Abatement.

There were 225 smoke observations of one half-hour each made during the year and nine contraventions of the Public Health Act, concerning eight firms, were reported to the Committee. A contravention of this Act is the emission of black smoke from a factory chimney for more than two minutes in any period of thirty minutes.

The Committee authorised the service of the appropriate Notice on eight firms. One of the firms carried out extensive repairs to the boiler and a very considerable improvement resulted. It is satisfactory to recall that in this case, neighbouring residents thanked the Department for the efforts which had been made. In another case involving a similar small plant, it was found that the dampers could not be opened fully because of a fault and the fireman was trying to keep a head of steam with a fire at least 12 inches thick. In this case, with the co-operation of the Ministry of Fuel and Power, a demonstration of firing was arranged so that the boiler-fireman could be shown how to keep a proper head of steam whilst using a much "thinner" fire. The result was a considerable reduction in the smoke emitted from the chimney and an expression of thanks from the proprietor of the premises who found that, by adopting the methods recommended, a considerable saving was made each week. In the remaining cases it was found that the plants were generally in good condition and the nuisance could only be described as the result of carelessness or inattention on the part of the boiler-fireman.

ATMOSPHERIC POLLUTION—Average Monthly Deposit at Three Gauges during 1953.

A.—Foxholes House Gauge				B—Entwisle Road Gauge				C—Roch Mills Gauge (Sewage Works)							
Month	Average Rainfall in millimeters			Insoluble Deposit in tons per sq. mile			Soluble Deposit in tons per sq. mile			TOTAL DEPOSIT in tons per sq. mile					
	A	B	C	A	B	C	A	B	C	A	B	C			
January	44	27	40	10.00	0.73	7.73	4.54	5.34	6.07	14.54	6.07	13.80
February	50	53	49	7.04	46.73	4.48	6.34	8.01	7.83	13.38	54.74	12.31
March	64	—	59	13.51	—	10.75	7.01	—	7.47	20.52	—	18.22
April	86	70	34	9.51	14.51	3.88	6.37	6.24	3.72	15.88	20.75	7.60
May	63	58	65	6.21	13.51	9.07	5.74	6.17	5.84	11.95	19.68	14.91
June	81	84	94	6.20	11.14	6.80	5.17	5.54	6.44	11.37	16.68	13.24
July	162	160	143	8.37	13.07	6.01	6.60	8.17	8.40	14.97	21.24	14.41
August	124	123	122	6.50	7.77	2.29	6.67	7.84	5.91	13.17	15.61	8.20
September	109	104	105	6.70	11.67	5.14	6.67	8.47	8.96	13.37	20.14	14.10
October	62	63	56	7.67	10.33	7.60	4.77	6.87	6.80	12.44	17.21	14.40
November	139	127	123	9.21	17.25	6.50	10.94	10.71	9.13	20.15	27.96	15.63
December	49	46	46	7.27	6.00	8.03	5.04	6.97	8.06	12.31	12.97	16.09
TOTALS	1,033	915	936	98.19	152.71	78.28	75.86	80.33	84.63	174.05	233.05	162.91
AVERAGES	86	83	78	8.18	13.88	6.52	6.32	7.30	7.05	14.50	21.18	13.58
Average of three gauges	1953	...	...	...	82	...	...	9.41	...	...	6.88	...	...	16.29	...
		1952	...	...	85	...	...	7.95	...	...	8.99	...	...	16.94	...

Measurement of Atmospheric Pollution.

In January, 1951, three stations were established to provide records indicating the nature and extent of atmospheric pollution in the Borough. At each of these there is a deposit gauge and a sulphur dioxide gauge.

The sites of the stations are as follows :—

1. Roch Mills Sewage Works.
2. Near the Church of the Good Shepherd, Entwisle Road.
3. Foxholes House, Rugby Road.

By this arrangement it is hoped that the Roch Mills gauges will give an indication of pollution where the prevailing south-west wind enters the Borough and before it normally receives the products of combustion produced in the town. The other two stations, being situated to the north-east of the Roch Mills site, should give some indication of the pollution of the atmosphere by the Borough itself.

The succeeding table shows the results of the analyses of the material collected in the three deposit gauges during the year, and the average figures for the years 1951 and 1952 are also included so that some comparison may be made.

The value of these observations is as an indication of the trend of atmospheric pollution rather than as providing precise figures of the amount deposited in any particular area.

Sulphur Dioxide Gauges.

The results obtained from these instruments are tabulated below :—

Month			Foxholes	Entwisle Road	Roch Mills	Average
January ...	...	...	2.83	2.78	2.69	2.77
February ...	...	...	1.74	2.02	1.72	1.83
March ...	...	...	2.13	1.99	2.22	2.11
April ...	...	...	1.43	1.16	1.42	1.34
May ...	...	...	0.90	0.98	0.84	0.91
June ...	...	...	0.70	0.71	0.87	0.76
July ...	...	...	0.72	0.77	0.70	0.73
August ...	...	...	0.79	0.87	0.79	0.82
September ...	...	...	1.04	1.10	1.05	1.06
October ...	...	...	1.69	1.62	1.58	1.63
November ...	...	...	2.55	2.64	2.56	2.58
December ...	...	...	2.59	2.34	2.74	2.56
Average for 1953 ...			1.59	1.58	1.60	1.59
Average for 1952 ...			1.36	1.55	1.49	1.47
Average for 1951 ...			1.42	1.53	1.33	1.43

The results given above are the weight in milligrammes of SO_2 collected per day on 100 square centimeters of treated fabric exposed. The purpose of this particular survey is to detect changes which may be taking place in the amount of pollution emitted each month, and not to estimate the total amount of sulphur emitted in any given area.

Local Joint Consultative Committee on Atmospheric Pollution.

The Committee met four times during the year and visits were paid to premises in the district at which practical means had been adopted for reducing atmospheric pollution. Other matters dealt with included courses for Boiler Firemen, consideration of methods of publicity, progress in the establishment of Smokeless Zones and discussions with property owners on the question of installation of fireplaces for the burning of smokeless fuels.

INSPECTION AND SUPERVISION OF FOOD.

Milk Distribution.

Since the Milk and Dairies Regulations, 1949, came into operation the Local Authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

The number and kind of licences and registrations issued under these Regulations are given below :—

Premises used as Dairies	3
Persons licensed as Distributors of Milk	429
Dealers' licenses to sell Pasteurised Milk	31
Dealer's licences to sell Tuberculin Tested Milk	29
Dealer's licences to sell Sterilised Milk	355
*Supplementary Licences—Pasteurised Milk	13
Tuberculin Tested Milk	11
Sterilised Milk	26
Accredited Milk	1

*A Supplementary Licence is issued to persons whose premises are outside the Borough, but who distribute within the Borough.

Cleanliness and Keeping Quality of the Milk Supply.

There were 192 samples submitted to determine the cleanliness or keeping quality of the milk and, where the samples were of heat-treated milk, tests were applied to determine the efficiency of heat treatment.

The Methylene Blue Reduction Test was applied to 179 samples of which:—

48 were ungraded milks	5 proving unsatisfactory
49 were accredited milks	3 proving unsatisfactory
32 were tuberculin tested milks	4 proving unsatisfactory
10 were tuberculin tested pasteurised milks	all satisfactory
40 were pasteurised milks	6 proving unsatisfactory.

The 18 unsatisfactory samples included 17 procured from farmers. These were reported to the Ministry of Agriculture and Fisheries whose duty it is to attend to such matters. The remaining sample was obtained from a dairyman. The matter was investigated and subsequent samples from the same source were found to be satisfactory.

The tuberculin-tested (pasteurised) milks (10 samples) and the pasteurised milks (40 samples) were also tested by the Phosphatase Test to determine the efficiency of pasteurisation—three were unsatisfactory. Of these, two were obtained from one farmer who bought pasteurised milk and bottled it at his own premises. As a result of representations by this Department, he discontinued this practice and instead obtained pasteurised milk bottled by the pasteurisers at their dairy. In the other case the matter was brought to the notice of the farmer and subsequently three samples were taken which proved satisfactory.

Examination of Milk for M. Tuberculosis.

There were 152 samples of milk taken during delivery to customers for examination for the presence of M. Tuberculosis. Negative results were received for 142 samples and 10 samples were reported to contain M. Tuberculosis. These positive samples were reported immediately to the Ministry of Agriculture and Fisheries who investigated each case. In one case a cow was found to be tubercular and was slaughtered. A further sample from the same farm later in the year was also infected, but three cows had been removed from the herd whilst the examination of the milk was proceeding. Immediately the Department became aware of the infection, an Order was made under Regulation 20 of the Milk and Dairies Regulations 1949. This Order directed that all milk produced at the farm should be heat treated. When the Inspector called at the farm to serve the Order, it was found that all the cows had been sold and accordingly the Order had to be withdrawn on the following day. The Ministry of Agriculture and Fisheries were notified of the occurrence and were given the name of the dealer who had bought the herd so that they might have an opportunity of tracing the destination of the animals.

Two other cases were samples of milk which were taken whilst the Ministry of Agriculture and Fisheries were investigating herds which had been reported as giving tubercular milk during 1952 and the results of the investigation in these cases were included in the report for 1952.

Of the remaining cases, investigations at the farm failed to reveal any infected animals and the herds were declared clear. At one of these farms the Medical Officer of Health of the Urban District Council in whose district it was situated, made an Order under Regulation 20 and this Order remained in force until the Ministry of Agriculture and Fisheries declared the herd free from infection.

A further method of discovering tubercular milk supplies is through the detection of Congenital Tuberculosis in young calves slaughtered for food. A note on this is included under the heading "Carcases inspected and condemned".

Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and nearly 51 tons have been condemned as unfit for human consumption being either destroyed or disposed of for salvage purposes. The following table gives a detailed report on the examination of carcasses inspected at the slaughterhouses.

Carcasses Inspected and Condemned

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,983	2,490	1,648	20,895	1,773
Number inspected	2,983	2,490	1,648	20,895	1,773
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	—	9	17	27	28
Carcasses of which some part or organ was condemned ...	413	804	—	1572	115
Percentage of the number in- spected affected with disease other than Tuberculosis ...	13.84%	32.49%	1.03%	7.65%	8.06%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	5	38	6	—	4
Carcasses of which some part or organ was condemned ...	264	728	—	—	62
Percentage of the number in- spected affected with Tuber- culosis	9.02%	30.76%	0.36%	—	3.72%

If the foregoing table is compared with a similar table published in the Annual Report for 1952, it will be seen that there is an increase in the number of cows slaughtered. Despite this there has been a slight reduction in the percentage of cows infected with diseases other than tuberculosis, and quite a marked reduction in the percentage of those affected with tuberculosis. These reductions confirm the observations of the Meat Inspectors during the year, that the quality of cow carcasses inspected showed a marked improvement when compared with those inspected during the previous years.

It will be seen that six calves were condemned because of tubercular lesions, mainly in the liver. It is probable that this infection had been derived from the mother and accordingly the Ministry of Agriculture and Fisheries (Animal Health Division) was notified. It was possible to trace five of the calves and investigation at the farms from which they came resulted in the discovery of four cows which showed clinical evidence of tuberculosis. These were slaughtered. In the fifth case, investigation at the farm revealed no evidence of tuberculosis in the dam. It was impossible to trace the remaining case as its identification number had been lost during transit.

In addition to the inspection of animal carcasses shown in the foregoing table the Meat Inspectors saw the carcasses of 2,202 horses. Of these, 11 part carcasses and 280 organs were condemned as unfit for human consumption. The number of horses slaughtered continued to decline and this decline was particularly marked during the last four months of the year. The total for 1952 was 3,278 horses.

Rochdale Corporation Act, 1937.

This Act deals with the registration of premises used for the preparation and sale of certain foodstuffs. During the year visits have been regularly made to various classes of food premises as shown by the following Table :—

Fish and Chip Shops	...	...	...	...	...	...	52
Bakehouses	...	...	...	...	...	...	295
Cafes and Restaurants	...	...	...	...	...	...	297
Canteens	...	...	...	...	...	...	69
Licensed premises	...	...	...	...	...	...	16
Miscellaneous premises, principally shops, etc.	...	...	...	...	...	...	358
							<hr/> 1,087 <hr/>

In addition to these 1,769 visits were made to slaughterhouses.

In the matter of factory canteens the help and co-operation of the Canteens Advisors to H. M. Inspector of Factories has been readily available to the Department during the year and although it was not necessary to take advantage of this assistance during the year the Officers of the Department maintained contact with the Advisors.

The Bye-laws under the Food and Drugs Act, 1938, with respect to handling of food etc., and the sale of food in the open air continued to be enforced during the year. It was found necessary on a number of occasions to draw the attention of persons to minor breaches of the Bye-laws. In general these were due to thoughtlessness rather than to wilful disregard of hygienic practices.

Towards the end of the year, the Department co-operated with the Norden Division of the St. John Ambulance Brigade in the production of a course of lectures for food handling. These were attended by people from all parts of the town, most of whom were actually engaged in food trades. The lectures which were supplemented by film shows, the use of film strips, and by demonstrations of various kinds, were well attended. At the conclusion of the course, 22 persons entered for the examination which was set by the St. John Ambulance Association. 13 persons were successful in this examination and were awarded certificates.

In addition to this several talks were given by Officers of the Department at the invitation of various Organisations. In the course of these talks the importance of the hygienic handling of food was emphasised and the co-operation of the general public was sought in achieving higher standards of conduct in this respect. In this connection it is of interest to recall that during 1953 only one complaint by a member of the public was received concerning food premises and this came from a stranger visiting the town. The matter complained of was rectified within twenty-four hours of its being brought to the notice of the management concerned. The statement made in the Annual Report of 1952 concerning the need for a greater public interest in this matter remains valid and it should be repeated once more that, unless greater public interest is displayed, the responsibility of discovering faults in food premises will continue to rest upon the staff of the Public Health Department—a staff whose size limits the amount of work which can be done in this connection.

Food Poisoning.

5 cases of food poisoning were notified and confirmed during the year. These cases were of a sporadic nature occurring at intervals during the year. Careful investigation was made into each case but it was not possible to trace the sources of infection.

Manufacture and Sale of Ice Cream.

At the end of the year 300 premises were registered for the sale and storage of ice cream and 3 premises were registered for the manufacture, storage and sale of ice cream. There were 64 visits of inspection to manufacturers of ice cream, and 148 visits of inspection to premises where ice cream is sold. In addition 47 samples of ice cream were taken and submitted to the Public Health Laboratory for examination. The results were as follows :—

Grade 1—29 samples	Grade 3—9 samples
Grade 2— 8 samples	Grade 4—1 sample.

Samples falling into Grades 1 and 2 are regarded as satisfactory. Those falling into Grade 3 are regarded with suspicion and Grade 4 samples call for an investigation. Of the 9 samples falling into Grade 3, 7 were manufactured out of the Borough and the results were passed on to the Local Authority concerned. The remaining 2 were of ice cream manufactured in the Borough and the manufacturers were warned concerning the need to exercise greater care. The single sample falling into Grade 4 was the subject of a special investigation which called for the examination of the ingredients of the ice cream. It was found that one of the ingredients which had been added, in an effort to improve the product, was the cause of the trouble. This ingredient ought not to have been added to a "cold mix" ice cream, but, as it appeared to have been added only to produce a better article, it was considered that a warning met the case adequately. Subsequently this producer obtained good results when his ice cream was examined.

Food and Drugs Act, 1938.

During the year 280 samples were submitted to the Public Analyst. On only three were adverse reports received. None of the reports called for any action beyond discussion and advice.

Rag Flock and Other Filling Materials Act, 1951.

This Act provides for the registration of premises where filling materials of certain types are used in the manufacture of bedding, toys, baby carriages and other articles of upholstery and also for the licensing of premises where rag flock is manufactured or stored. Regulations made under the Act apply certain standards by which the cleanliness of various filling materials can be assessed. Four premises in the Borough were registered for the purposes of the Act and five visits of inspection were made to registered premises during the year ; no premises exist which require licences.

Prevention of Damage by Pests Act, 1949.

The staff engaged on this work consists of three men with assistance provided by the Borough Surveyor's Department whilst the destruction of rats in sewers is proceeding.

During the year 850 dwellinghouses and 163 business and other premises were inspected for the presence of rats or mice. Treatment was necessary at 746 dwelling houses and at 81 business and other premises, and the total number of visits needed to carry out this work was 2,994.

The estimated kill was 2,129 rats, 464 bodies being recovered. In addition the bodies of 494 mice were found.

The main sewers were treated twice during the year. In the course of the first treatment, 2,420 manholes were baited and 981 of these showed evidence of rat infestation and were treated by the placing of poison baits. This work was preceded by the test baiting of 344 manholes in districts where rat infestation of the sewers was thought to be unlikely. This work enabled us to exclude 690 manholes from the treatment.

The second treatment took place in November and December 1953 and 1,980 manholes were baited. Of these 405 were found to be infested and were treated by the placing of poison baits. On this occasion of course the bait and poison used differed from the ones employed in the first treatment of the year.

No test baiting was necessary during the second treatment as the Ministry of Agriculture and Fisheries accepted the test baiting done earlier in the year as sufficient grounds for excluding from treatment the group of 690 manholes referred to above.

Cleansing Station.

The general work of the Cleansing Station is under the supervision of a District Sanitary Inspector. The station is open from Monday morning till Saturday mid-day. Evening sessions are available as required for those engaged in industry.

The following tables show the number of persons cleansed at this station:—

	1953	1952	1951	1950	1949
Scabies	16	30	31	57	161
Other Verminous Conditions ...	173	179	205	397	705
	<u>189</u>	<u>209</u>	<u>236</u>	<u>454</u>	<u>866</u>
	Scabies	O.V.C.		Total	
Infants	2	13		15	
Children of School Age	13	120		133	
Adults	1	40		41	
	<u>16</u>	<u>173</u>		<u>189</u>	

Once again only a small number of cases of scabies required attention during the year and it was thus found possible in a number of cases to enlist the services of the clinic staff in dealing with certain problem families. 139 visits were made to 20 such families. This type of work cannot produce immediate results. Indeed it is only by the utmost patience and perseverance that any success can be obtained, and visiting is vastly time consuming. It is felt that amongst problem families there are cases where a sympathetic and helpful approach by some person, who is not obviously a busy Corporation official with many cases to visit, may produce good results and the clinic staff have adopted this method of approach in dealing with this problem during the year.

Shops Act 1950.

174 inspections of shop premises were made during the year. 7 Notices were served; these required the provision of suitable washing facilities in 5 cases, the provision of suitable sanitary conveniences in 2 cases and the provision of proper means of securing the doors of the sanitary conveniences in another case.

Offensive Trades.

The number of premises at which these trades were carried on in the Borough is as follows:—

Tripe Boiling ... 1	Knacker's Yard (Bone Boiling) ... 1
Fellmongering ... 2	Rag and Bone Dealers 5

The Knacker's yard is visited regularly, 91 visits being made during the year. Visits at intervals are made to the other offensive trades.

FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the year 1953 for the County Borough of Rochdale in the County of Lancaster.

Part I of the Act.

1. **INSPECTIONS** for the purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sec. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	81	51	9	—
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority	638	343	40	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-workers premises)	11	2	2	—
TOTAL	730	396	51	—

2. **CASES IN WHICH DEFECTS WERE FOUND.**

Particulars (1)	No. of cases in which defects were found				No. of cases in which Pros. instituted
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	21	21	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	3	—	3	—
(b) Unsuitable or defective	26	24	—	23	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	1	—
TOTAL	52	49	—	27	—

TABLE I.—Vital Statistics of Whole District during 1953,
and previous years.

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Nett Deaths belonging to the District.			
		Nett		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population
1943	†81,550	1268	15.5	58	46	1324	16.2
1944	†81,380	1320	16.2	67	50	1174	14.4
1945	†81,100	1267	15.6	56	44	1263	15.5
1946	†85,200	1521	17.8	75	49	1272	14.9
1947	†86,110	1725	20.0	95	55	1399	16.2
1948	88,110	1500	17.0	57	38	1245	14.1
1949	88,930	1362	15.3	56	41	1320	14.8
1950	89,530	1371	15.3	64	47	1316	14.7
1951	87,300	1275	14.6	69	54	1457	16.7
1952	86,890	1321	15.2	52	39	1248	14.4
Average for years 1943-1952	85,610	1393	16.2	65	46	1302	15.2
1953	86,350	1297	15.0	40	31	1247	14.4

† Estimated Civilian Population

TABLE II.

[illegible]

TABLE III.

INFANT MORTALITY.—Nett Deaths from stated causes at various
Ages under one year of age—Year 1953.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH					Total Deaths under 1 year	
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1953	1952
Tuberculosis, Non-Respiratory	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	...	...	...
Gastritis and Diarrhœa	...	...	...	...	1	1	2
Pneumonia	1	1	3	...	...	5	10
Prematurity	17	...	...	...	...	17	15
Congenital Malformations	3	...	...	...	...	3	8
Other Causes	11	3	...	...	...	14	16
ALL CAUSES—1953	32	4	3	...	1	40	...
ALL CAUSES—1952	...	...	...	...	...	...	52

Nett Live Births in the year :—Legitimate , ; Illegitimate .

Nett Deaths in the year :—Legitimate infants ; Illegitimate infants .

ANNUAL REPORT

ON THE
MEDICAL INSPECTION OF SCHOOL CHILDREN
For the Year ended 31st December, 1953
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SCHOOL MEDICAL SERVICE.

Principal School Medical Officer and Medical Officer of Health	JOHN INNES, M.D., D.P.H.
Deputy School Medical Officer and Deputy Medical Officer of Health					NORA MILLS, M.D.
School Medical Officers	...	...	...	...	MARY F. JOEL, M.B., Ch.B. (Edin.) JEAN M. MOORE, M.B., B.S. (Lond.)
Principal School Dental Officer					H. P. GLEDSDALE, L.D.S.
School Dental Officers	...	...	...	...	R. J. G. YOUNG, L.D.S. One Vacancy.
Speech Therapist	...	...	...	...	S. GOODWIN, L.C.S.T.
Orthoptist	...	...	...	...	A. DEAN, D.B.O.
Nurses	...	...	...	...	E. MAXIM, S.R.N., Q.N. H. BOWDELL, S.R.N., S.C.M. H.V., Q.N. P. JOHN, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N. A. TONGE, S.R.N. B. MADEN, S.R.N.
Dental Attendants	...	...	...	...	GERTRUDE PETRIE JEAN M. COCKROFT
Clerks	...	...	...	...	Mrs. D. BARNISH JUNE MILLS. DOROTHY CLARENCE

Consultants :

Ophthalmic Surgeon	...	...	...	...	R. STEWART SCOTT, M.B., Ch.B., D.O.M.S.
Aurists	...	...	...	...	V. T. SMITH, M.D., F.R.F.P.S. J. D. THOMPSON, M.R.C.S., L.R.C.P., D.L.O.

Available for consultations at Smith Street Clinic by arrangement with
Regional Hospital Board :

Paediatrician	...	...	...	...	B. WOLMAN, M.D., M.R.C.P., D.Ch.
Orthopaedic Surgeon	...	...	...	...	A. P. GRACIE, F.R.C.S.

To the Chairman and Members of the Education Committee of the County Borough of Rochdale.

LADIES AND GENTLEMEN,

I beg to submit my Annual Report for 1953, being the forty-fifth report on the School Medical Services in Rochdale.

Once again the school population shows an increase, this time of 571 as compared with the previous year.

So far as the work of the Department is concerned, the past year has been a good year and a busy year, but not one in which there have been outstanding occurrences.

Improvement in the physical health of the children continues and the facilities of the Department are steadily being switched over to deal with the emotional type of disorder which now looms so largely.

We have been fortunate to be able to maintain the Speech Therapy and Orthoptic Departments, in both of which changes of staff have occurred. In either of these Departments we should have viewed with dismay any suggestion of a return to the bad old days of accumulating waiting lists and waning interest. On the eye diseases side, a major development is the provision made for Dr. Stewart Scott to operate on squints at the Rochdale Infirmary. Rochdale school children, as well as others, are now being operated upon for this disability at a rate which is rapidly abolishing the long waiting lists.

The only two sections which continue to be unsatisfactory are the dental treatment section, where we are still one dentist short of an establishment which itself is out-dated, and the child guidance section.

It would be a reflection both on the education facilities and the clinic facilities which have existed for so many years if it were not admitted that the amount and level of co-operation received has very considerably increased over the years. Unfortunately, a hard core of resistance still remains. The breaking down of this, or the protection of the children from its worst results, is an operation for all concerned in Child Welfare. Reference is made in this connection to the continuing work of the Joint Committee for the care of children neglected or ill-treated in their own homes and of the N.S.P.C.C.

I want to take this opportunity of acknowledging the work done by all sections of the Department in achieving results of which this report is a record. As always, I am indebted to Dr. Mills for the initial preparation of the Report, as well as for her continuing enthusiasm, particularly in respect of children with various forms of mental and emotional disability.

On behalf of the staff I would acknowledge the support which we have continued to receive from the Members of the Medical and Welfare Services Sectional Committee and from the Chief Education Officer and his staff.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

John Limes.

Medical Officer of Health
and School Medical Officer.

6th May, 1954.

School Medical Service

The Census of April, 1951, established the population of the County Borough as 87,734. The Registrar General's estimate for mid-year 1952 was 86,890. The corresponding figure for 1953 has not yet been issued by the Registrar General.

School Population				Schools		Children
County Schools	...	...	...	23	...	7,173
Voluntary Schools	...	...	...	13	...	3,063
Grammar Schools	...	...	...	2	...	970
Technical Schools	...	...	...	2	...	690
Special Schools	...	...	...	3	...	243
Nursery Schools	...	...	...	4	...	281
				—		—
				47		12,420
				—		—

The apparent increase in the number of County Schools as compared with last year (16), is because the number now given is that of all separate school buildings instead of the number of schools by name.

For example, Brimrod County modern school, several minutes walk from Brimrod Infant and Junior building, was formerly included with them as one school, but the two school buildings are now counted as two units.

The new Grammar School for Boys at Balderstone was opened in the Autumn term, so the boys were at long last able to leave the overcrowded building in the centre of the town and enjoy uncramped modern accommodation for both indoor and outdoor activities. The old premises are to be used for Evening and Further Education Classes.

Staff.

The staff of the school medical services is set out on Page 70. Miss John, a fully qualified school nurse and health visitor, was appointed to the staff in April. Mrs. Walker, also fully qualified, who had been with us as part-time clinic nurse, joined the full time staff in October, and in December Mrs. Whittaker, also fully qualified, and who was formerly employed here as a school nurse, was appointed to return to the staff on January, 4th 1954 for part time work at first. The prospect of a full establishment of school nursing staff for the first time for several years enabled certain long-needed rearrangements of work to be made, with considerable improvement to the service generally.

Miss Audrey Dean was appointed in January as Orthoptist to fill the vacancy caused when Miss da Cunha left in December, 1952.

Mrs. Capes, part-time Speech Therapist, left the Service at the end of May and was replaced by Mrs. S. Goodwin who was appointed to take up a full-time position in September.

The post of third Dental Officer remains vacant. Advertisements continue to bring no results.

School Hygiene.

The Authority's policy of improving older school premises continues. Improved and new lavatory and sanitary accommodation has been provided at St. Alban's C. of E. Infants School and at Balderstone C. of E. School. The Grammar School boys also now have all the sanitary facilities prescribed by the Building Regulations,

Periodic Medical Inspection. (Table I, Page 96).

All schools have been medically inspected during the year. The following is a summary of this work.

	1953	1952
Periodic Medical Inspection	4,482	3,759
Special Inspections	201	241
Re-inspections	2,359	3,352
Open Air School	627	694
	<hr/> 7,669 <hr/>	<hr/> 8,046 <hr/>
Parents interviewed in connection with medical inspections	352	542

The following is a summary of the work done in the Clinics.
Cases seen by the School Medical Officers

Clinic Inspections (new cases)	2,118	1,994
Clinic re-inspections	4,678	3,758
Special examinations and investigations ...	881	618
Cases seen at Foot-Clinic	895	752
	<hr/> 8,572 <hr/>	<hr/> 7,122 <hr/>
Cases seen by Ophthalmologist	1,020	974
New Cases seen by Aurist	343	574
New Cases referred to Orthopaedic Surgeon ...	77	77
New Cases referred to Paediatrician	61	56
	<hr/> 1,501 <hr/>	<hr/> 1,681 <hr/>

There is no really significant change in any of these figures. The number of special examinations and investigations increases as time goes on for the reasons given in former reports, namely the increasing importance in the last few years of individual examinations and attention.

As usual, four age-groups have been inspected and again as usual in recent years, the entrant group was much larger than any other single group, by about 25%, (Table IA.) The term "other periodic inspections" here includes all the 7+ children and those extra age-groups inspected at Grammar schools and Special schools where the leaving age is over fifteen.

Work of School Nurses.

					1953	1952
Dressings at Morning Clinics	...	...	...	...	8,900	9,007
Hygiene Inspections	...	...	...	...	26,662	15,687
Hygiene Re-inspections	...	...	...	...	3,317	5,068
Special School inspections						
1. Open Air School	...	...	...	...	2,245	2,104
2. High Birch	...	...	...	...	3,007	—
Inspections with Medical Officers						
At School	...	...	...	...	7,402	7,352
At Clinics	...	...	...	...	6,796	5,772
Eye Clinic Cases	...	...	...	...	1,020	974
Aurists' Clinic (total attendances)				...	815	696
Home Visits	...	...	...	...	287	431
					<u>60,451</u>	<u>47,091</u>

The school nurses, despite some staff shortages and absences due to sickness, have completed a vast amount of work during the year and have made up that work which was perforce left undone during 1952 for reasons given in the Report of that year.

The apparent reduction in Hygiene Re-inspections is because those for High Birch have this year been put under a separate heading. Last year they were included with the other schools. It is only during the last two years that it has been possible to arrange a regular weekly visit to this school.

In the "Health of the School Child", of 1952, a chapter was devoted to the work of the School Nurse in her three main fields of work—the school, the clinic and the home. It is useful to examine the practice in Rochdale against this background.

Each of the five school nurses works with her own group of schools. She visits them to prepare for the medical inspection, checking her main record cards with the school registers to ensure that no child misses its inspection and verifying addresses and other information. She arranges the time of the inspection with the doctor and Head Teacher and obtains from the latter a list of "specials" i.e. children not due for periodic inspection but suspected of some defect or illness. She tests the vision of the children due for inspection by a Snellen's card. She then attends the inspection with the doctor, marshalling the children, undressing and dressing them and attending to the cards, notices, and letters to parents. She notifies those parents whom the doctor wishes to interview and arranges these interviews at school, paying home visits when necessary. When the inspection is complete the nurse summarises the findings with the assistance of a clerk.

Between medical inspections the nurse visits her own schools three times a year for hygiene inspection. She examines every child in attendance at school including the clothing, footgear and general cleanliness as well as the hair.

She notifies the parents of any infestation or other evidence of uncleanness or neglect and again pays home visits when necessary. The Day Special Schools need and receive more intensive work and the nurses in charge of our two special schools Brownhill and High Birch visit them each week during term time.

In the Clinic one nurse is in charge of the Minor Ailment Clinic and the doctors' consultation clinics, the foot clinic and the numerous special appointments. She also visits schools with a medical officer for diphtheria immunisation. The five school nurses assist in turn with dressings at the minor ailment clinic.

A second clinic nurse attends the Ophthalmologist's and Aurists' clinics. She sends out the notices for these clinics and keeps the records. She is also in charge of the Audiometric testing of children in school and at the clinic.

As regards Home Visiting, in Rochdale the School Nursing Service is separate from the Health Visiting Service. The School Nurses carry out all the Home Visiting necessary for the School Medical Services work, the following-up in connection with the Hygiene Inspections and the Clinics, after-care work arising out of advice given at the Specialist Clinics, the Medical Clinics or at any other treatment Clinic. They also carry out home enquiries in connection with physically handicapped or educationally subnormal children or those to be notified as ineducable.

Findings of Medical Inspection. (Table II. Page 97).

One general and continuing impression of the changes taking place in school medical work is that the emphasis continues to shift from the older school child to the younger one. This has continued now over some years. More and more of the physical defects which are discovered are found and dealt with early in school life, and those found in older children are mainly visual or postural. For example, the average age of children attending the Open Air School becomes lower, and the waiting list which is built up during each term includes more and more six and seven year olds. Squint can now be dealt with from infancy and speech defects are also taken in hand as soon as they become noticeable. Much of this early treatment can be undertaken because of the excellent liaison between the Infant Welfare and School Medical departments obtaining both in the town itself and in the adjoining Lancashire County areas. By the time therefore that the entrant medical inspection is done at school, several five year olds are already under treatment at the specialist or ancillary clinics.

Now that our Special School for educationally sub-normal children and the Health Committee's Occupation Centre for mental defectives are well-established and the older children on our first waiting lists have been dealt with, backward and defective children are searched for and ascertained earlier and so can receive suitable education or training as soon as they can benefit from it. Of the eight children notified to the Local Authority as ineducable during the past year five were five years old, two were seven years old and one, a case with an exceptional background, was fourteen years old. This gives an average age of $6\frac{1}{2}$ years at the time of notification.

Nutrition. (Table IIB. Page 98).

The average nutrition of school children improves and it is quite obvious even to the untrained eye that the school child of today is taller, heavier and healthier-looking than his parents were. One unexpected problem associated with this is that in most schools now there are to be found two or three children who are obese, sometimes grossly so. These children cannot be considered to be in a good nutritional state. As well as being a butt for other children, they are often slow and lethargic and as a result of their bulk and poor muscle control they are maladroit and inefficient at dancing, games and most forms of the physical training and recreation which is today such an important part of the educational syllabus. It is generally easy to establish that the cause is simple over-eating but the reduction of excess weight is a far greater problem than is the building-up of the underweight or under-nourished child. On enquiry it is usually found that, though the overeating may have been recognised, nothing has been done to curb it, or else that the mother has made some attempt to reduce the food intake but that her efforts have no result because of well-meaning grandparents, aunts or neighbours who supply unlimited cakes, lollies, icecream and other extras between meals.

One unfortunate little boy aged nine was so obese that he was referred to the consulting paediatrician who considered that he needed to lose two stone in weight. The parents were very indulgent to him and "could not bear" to limit his very large appetite. On the other hand, a girl of ten at the same school, was so self-conscious about her bulk and her lack of agility that her mother was glad to co-operate in attempts to reduce her weight.

Another child, a boy of twelve attending a Rochdale Technical School, was rapidly increasing in weight and said to be "always eating." He was also enuretic. He was referred to Dr. Wolman by us and to a Child Guidance Clinic by the Lancashire County Council in whose area he lived. He had no endocrine disturbance or other physical abnormality but the home situation was not satisfactory and he was taken on for treatment by the Child Guidance Clinic.

As would be expected, these fat children are generally found to be eating little protein but large amounts of starchy, sugary and fatty food such as ice cream, pastry and artificial cream. These things are now easily obtainable after years of shortage and of course entail no work whatever in cooking or serving as do the protein foods by which they should be partly replaced.

Certain symptoms and conditions curiously enough predominate some years almost as though they run in cycles as the infectious diseases are known to do. Last year the frequency of petit mal was noted. It continues to be met with more frequently than it used to be and as in 1952 seven children suffering from this were referred for consultant investigation.

Eleven children, with heart murmurs and other signs or symptoms suggestive of cardiac abnormality were similarly referred. In some cases this was simply for reassurance that such signs or symptoms could safely be ignored. The findings are most interesting to anyone who recalls the days when acute rheumatism and its cardiac sequelae were common, difficult to treat in contemporary

conditions and often the cause of long standing disability and interference with educational progress. Four of these children had congenital heart abnormalities. Two were boys with patent ductus arteriosus and the others, a boy and a girl, had septal defects. Of these, three were in no need of any restriction of activity but the fourth, with a patent ductus, was admitted to hospital, with the likelihood of operation. One girl with abnormal heart rhythm was also admitted to hospital for investigation; another girl had a haemic murmur which disappeared as her anaemia was cured. (Anaemia itself is unusual now in school children). One girl and three boys were found to have only functional murmurs of no significance. The eleventh was a girl with mitral incompetence following rheumatism but she was well enough and sufficiently compensated to need no restriction of a normal active life.

Acute rheumatism still does occur, but now only rarely so far as the school doctor is concerned.

There is an entirely different problem which fortunately we meet seldom, but which causes anxiety and difficulty out of all proportion to its frequency. This is the adopted child whose adoptive home has either broken up or for some other reason has deteriorated, so that the unfortunate child, itself from a broken home, suffers the same experience all over again, perhaps even to the point of neglect. Apart from our own quota of adopted children, there is in Rochdale a small residential home for maladjusted children, where no fewer than four are adopted children.

Occasionally, the opinion is voiced by those who know little of modern school medicine with its endless and ever-new problems, ramifications and complexities, that, since material standards have now so much and so generally improved in this country, the work of the school doctor and nurse must be lessened. Certainly it has altered. There have been enormous improvements in those extraneous circumstances which formerly resulted in many school children functioning below their true physical and mental capacity. The worst of our slums have gone, even though certain new ones may be in process of manufacture under our eyes. Increasing numbers of our larger families now live in airy uncrowded houses. Children would not suffer from marked malnutrition even if they consumed nothing but the school meals and milk. No parent need fear that his children would starve if he became incapacitated or if he died. While it is true that environmental conditions have improved very considerably and have made possible a healthier race of children, it must be remembered that in the same period the standards by which both we and the parents judge physical and mental development in children have risen. So the school medical and nursing staff, three times the size it was twenty years ago, and with special treatment and educational facilities available which were undreamed-of in those days, remains fully occupied with no prospect whatever of having time on its hands. Indeed the problem is how to fit the work into available time, particularly the work done on school premises, which are so often closed to us because of holidays, parent's days, religious examination, polling days, bazaars, speech days, and the like.

This Department has always been on friendly terms with general practitioners in the area but it was felt that some doctors were not fully aware of the facilities available at the various municipal clinics especially those recently developed. At the December meeting of the British Medical Association's local branch, members of the Borough and County medical staffs gave short talks on different aspects of their work. The doctors seemed much interested and some of them, who have used the Clinics less than their colleagues, will undoubtedly refer more cases to us in the future.

Infestation with Vermin. (Table III. Page 98).

Much more time has been spent on hygiene inspection than was possible during 1952 and the number of such inspections made by the school nurses was 26,662, an increase of 10,975 on the previous year. Every school except one was inspected three times. This school missed its third inspection because of staff sickness. Eighty children were referred from these inspections to the Public Health Committee's Cleansing Centre. The remainder were cleansed by their parents. The number of individual children found infested and issued a preliminary notice with instructions on cleansing (M.I. 8) was last year included in the Tables where the figure of those served with a cleansing notice (Section 54 (2)) should have been inserted.

Children treated at the Cleansing Centre

	1953	1952
Verminous heads	131	69
Scabies referred by clinic	13	20
Scabies referred by family doctor	2	1

Altogether 51 children were sent from the school clinic to the Cleansing Centre, including 18 below school age cleansed with their elder brothers and sisters. Others referred from the clinic as apart from school inspection included children from other towns, dancing at the local theatre and found to be infested.

School Clinic. (Table IV. Groups 1, 2, 3 and 7 Pages 99 and 100).

The attendances at the school clinic have varied little, the total for this year being 8,900 and 9,007 for 1952. The number of individual defects treated is however much larger so presumably these were less severe and each child attended less often. Impetigo is still with us but ringworm is not. The biggest increase is in the number of miscellaneous minor ailments and septic wounds. These are the cuts, bruises, bangs and sprains so lightheartedly acquired by the young and especially by the masculine young. Many of these conditions would be largely untreated but for the school clinic since they are not considered sufficiently severe to take to the family doctor.

School Clinic (continued)

	1953	1952
Ringworm	0	0
Scabies	13	2
Impetigo	280	115
Other skin diseases	91	45
External eye disease... ..	163	123
E.N.T. conditions	541	342
Miscellaneous Minor Ailments	2,825	1,801
Septic Wounds and Ulcers	400	91

Dental Inspection and Treatment. (Table V. Page 101).

Report of the Senior Dental Officer.

During the year 32 Departments were visited for Routine Dental Inspection, 6,897 children being examined. Of these 2,906 were found to be free from dental caries and 2,994 were referred for treatment. 1,141 children attending as "Specials" were, in addition, both inspected and treated. In all of 8,038 examined 4,135 needed treatment and 3,003 received it in the clinics.

There was a slight reduction in the amount of clinical work done during the year due to staff sickness and it is difficult to make this up with an already depleted staff. One of the more satisfactory features is that the older girls, particularly, show a very good attention to oral hygiene and it is evident that considerable instruction is being given in such matters. The condition generally in secondary schools of all types is good, especially where there has been continuous routine treatment throughout school life. The number needing treatment is correspondingly lower than the average, but unfortunately the time saved is lost again by spasmodic acceptors who need a disproportionate amount of time to effect extensive repairs.

The chief local problem, which is also that of most industrial areas, is, that of the children found to need treatment, most need several visits and extensive restoration involving several teeth, thus although the number referred is not excessive, the work to be done is heavy. In rural areas there seems to be a great caries immunity and there is correspondingly less to be done on each child. The varying factors influencing this matter have been speculated upon in past reports and it is possible that the lack of sunshine of high actinic value may have a bearing on the matter. It was certainly noticeable during the war that Southern Italians had a much higher resistance to caries than those from the more urban Northern cities and that our own regular soldiers who had spent a considerable period in India, etc. had again a high degree of immunity.

It has been shown in America that the addition of fluorine to drinking water has produced a considerable reduction in dental caries and a mission from this country has been there and its report is already under Ministerial consideration with a view to experimental introduction in Great Britain. It is possible that some help might result from its adoption and a town like Rochdale, receiving its water from several sources would probably be suitable for trial. The matter is by no means as simple as it sounds and considerable preliminary investigation remains to be done.

The results achieved in America are promising and, providing that similar conditions prevail here, it may be possible to reduce considerably the amount of caries in juveniles. The need for systematic examination, routine treatment and oral hygiene will of course still remain. Anything that will delay or lessen the onset of dental decay is worthy of serious consideration and it is hoped that there will be developments in this type of preventive dentistry in the near future.

				Year 1953			Year 1952
				Inspection	Treatment	Total	Total
Sessions	...	...	...	76	880	956	950
				Routine	Specials	Total	Total
Attendances	...	...	...	2,596	1,141	3,737	4,206
				Temporary	Permanent	Total	Total
Extractions	...	...	...	1,698	137	1,835	2,366
Fillings	...	...	...	270	2,482	2,752	2,992
Other Operations	...	...	...	233	1,187	1,420	1,530
General Anaesthetics			...	—	—	25	168

AGE GROUPS INSPECTED :—

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
10	112	648	850	673	611	495	662	553	596	651	619	251	111	39	16

H. P. GLESDALE, L.D.S.

Defective Vision.

The Eye Clinic has had an exceptionally busy year. Dr. Stewart Scott examined 1,020 children, 962 of whom were refracted. Glasses were prescribed for 513 of the refracted children and 474 had obtained their glasses by the end of November. Of the total seen, 38 were children under school age, referred to us by the Infant Welfare Officer and 56 others were Lancashire County cases.

No fewer than 420 of the 1,020 children examined by Dr. Scott were referred to him because of squint. It seems likely that 1953 and 1954 will be our peak years for the treatment of squint, and that by the end of 1954 the accumulated cases of years will have been dealt with. After this all children with squints will be treated early and cured earlier and more rapidly.

It is only seldom that children do not attend the eye clinic when sent for. Most parents have every confidence in this clinic and the few who have not are unco-operative in other ways as well.

One blind and two partially sighted children attend residential special schools and one girl has been transferred to the adult workshop attached to the blind school she formerly attended.

The 58 children who did not need refraction attended for a variety of inflammatory traumatic and other local conditions of the eyes or lids. They are summarised as follows :—

Blepharitis and conjunctivitis	...	...	...	...	...	...	...	18
Blocked tear duct	...	...	...	...	...	...	...	9
Cataract	...	...	...	...	...	...	...	4
Nystagmus	...	...	...	...	...	...	...	4
Corneal abrasion	...	...	...	...	...	...	...	3
Dermoid cyst	...	...	...	...	...	...	...	3
Detached retina	...	...	...	...	...	...	...	3
Ptosis	...	...	...	...	...	...	...	3
Glaucoma	...	...	...	...	...	...	...	2
Pupillary membrane	...	...	...	...	...	...	...	2
Subconjunctival bleeding	...	...	...	...	...	...	...	2
Coloboma ; congenital fibrosis ; lipoma ; Epiblepharon ; epicanthus ; (one each)	...	...	...	...	...	...	...	5

58

One of the glaucoma cases had both eyes operated on by Dr. Scott early in the year. The result was very satisfactory and the girl is now free of symptoms and is attending school regularly, and still under observation by Dr. Scott at the Manchester Royal Eye Hospital.

The Orthoptic Clinic.

This clinic has now completed three years of work. At the end of 1952 there were 666 names on the register and during 1953 there were added 244 more. Most of the patients (703) live in Rochdale and the remainder (187) live in the Lancashire County Council area. Nearly 800 are under treatment and they have made 2,987 attendances during the year. Admission to the register is after recommendation by Dr. Stewart Scott, Ophthalmic Surgeon, who examined all the new cases and made 161 re-examinations during the year.

At the end of 1953, fifty new patients were awaiting their first appointment. Their ages varied between twelve months and seven years. It is seldom considered advisable to discharge children completely until they approach school leaving age as it is better to keep them under observation at regular intervals of six or twelve months even if the squint is apparently cured. At present the number of children attending is approaching the maximum that can satisfactorily be dealt with at this clinic.

The most important new development during the past year was that in July Dr. Scott was able to start operating for squint at Rochdale Infirmary. Some of our patients had been on the waiting list at the Manchester Royal Eye Hospital for nearly four years. A start was made with adolescent girls, to whom appearance is so important, and an average of four operations has been performed each week since then. Altogether 86 girls and young women had been operated on by the end of 1952, the eldest being 33 years old and the youngest three years. There are still 8 girls and 73 boys awaiting the operation and it is hoped that a start can be made on the boys early in 1954. The usual length of stay in hospital is one week and most of the results have been good. Generally a few months elapse before the final position of the eyes can be said

to have settled, and it is so far estimated that ten patients may need a second operation. The psychological effect of a successful squint operation can only be described as remarkable, and it is a source of considerable satisfaction to all concerned that it has been possible for this work to be done in Rochdale.

Before Dr. Scott was able to do operations in Rochdale all that could be done for patients during their long wait for admission to the Manchester Royal Eye Hospital was to see them at intervals. At these visits patients were reassured and their visual acuity was checked, so that by prescribing glasses and occlusion treatment where required, the eyesight could be protected from further deterioration. Now that operation has been rendered possible for all who require it, a very considerable increase in clinic work has ensued during the last six months. All cases have naturally to be tested most carefully both before and after the straightening operation.

Of the three types of squint described in the 1952 report, i.e. tonic, accommodative or mixed, those which need surgical help are usually of the first or third type. Operations are done for one of two reasons, either for cosmetic purposes, i.e. for the improvement of appearance only, or, the orthoptic cure, where both good vision and good appearance can be attained.

Many of our patients, especially the older ones have had the operation for cosmetic reasons only and it is in these that the psychological effect is so marked and so good. Many say that their whole lives have altered for the better.

These people have usually squinted from a very early age and have poor visual acuity, and have either a muscle defect or for some reason have never learned to use both eyes together. An orthoptic cure, with good and equal vision in each eye, cannot be attained in such cases, but in other types of case, where an orthoptic cure is possible, operation and exercises will render the eyes capable of being used as if there had never been a squint present.

Not all the patients attending the clinic suffer from squint, as the following accounts of patients show.

A man with normal eyes was struck in the right eye by a piece of steel. This caused a cataract which was removed at Manchester Royal Eye Hospital. Ordinary spectacles were found to be inadequate for really good vision so a contact lens was made and fitted to the injured eye. Unfortunately the patient developed double vision (a most distressing symptom) when wearing this lens because of a slight upward deviation of one eye. Intensive orthoptic exercises, recommended by the Ophthalmic Surgeon, were given to the patient to teach him to control this defect, presumably caused by his injury. Single vision was eventually achieved for direct gaze.

A youth aged nineteen was struck in the eye by another player's elbow at football. The blow caused paralysis of some eye muscles resulting in double vision in certain directions of gaze. After a few weeks of orthoptic treatment the muscles had practically recovered and the patient again enjoyed single vision.

AUDREY DEAN, D.B.O.

Ear, Nose and Throat Conditions. (Table IV. Group 3. Page 99).

The chronic running nose is still met with depressingly often in our schools especially in younger children and is of course the most obvious in the child who is not well cared for since he is not provided with a handkerchief and has not been trained to clear the nose of mucus. Children are often referred to the consultant E.N.T. clinic in the hope that tonsillectomy or other treatment will relieve their catarrh but it never seems to do so.

It is not long since one nurse was occupied the whole morning at the minor ailment clinic in treating the many children with chronic suppurative otitis media who attended daily or on alternate days. This was very time-consuming work and could only be done well by an experienced nurse. The incidence of this condition has now decreased so much that not more than half a dozen children now attend the clinic with chronic running ears, including those below school age.

During 1953 one consultant clinic has been held each week, the Aurists attending alternate weeks.

						1953	1952
New Cases	...	...	...	...	...	343	574
Re-examinations	...	...	...	...	...	472	122
Total Attendances	...	...	...	...	...	815	696

The names of 167 children were put on the waiting list for tonsillectomy during the year and the number waiting on December 31st was 170, again a decrease on the previous year though not such a marked decrease as reported in last years report. The number of children who actually had their tonsils and adenoids removed during 1953 was 161. During the first quarter of the year only two children each week could be admitted to hospital but for the last nine months four were taken in each week.

In addition to the tonsillectomies, six children had antral washouts under a general anaesthetic at the Infirmary and one child had a modified subcutaneous turbinate resection.

Our waiting list is under constant review because of the incurable habit some parents have of getting their childrens' names on both our list and that from the Infirmary Out-patients' Department. They then accept whichever offer comes first and do not always notify the other authority. From time to time children who have been longest on the waiting list are re-examined and in some cases the child's name can be removed from the list, with the parents' consent, since the condition has improved.

We are still able to refer to Professor Ewing's clinic at Manchester University, children suspected of deafness and his help is of very great value to us especially where the child to be examined is also mentally retarded. The examination of the subnormal and slightly deaf young child is difficult and needs special qualifications and expert care. We are very grateful to Professor Ewing for his help.

Eighteen Rochdale children are in attendance at Residential Special Schools for the deaf and the partially deaf. Four of our children who were attending lip-reading classes in Oldham were discharged at the beginning of August 1953.

Audiometric Testing.

Because of staff shortages and sickness, very little of this work has been done during 1953.

	1953	1952
Number of schools visited	2	7
Number of children tested	133	1,621
Children tested at clinic	20	16
Failures to pass test	34	219
Secondary tests	5	—

(The secondary tests were all satisfactory)

DISPOSAL OF CASES :

Hearing found satisfactory for practical purposes	15	89
To be kept on observation in school	3	54
Referred to M.A.C. for treatment	1	29
Referred to Aurists' clinic	5	35
Referred to Professor Ewing	4	7
Did not attend	1	5
	<u>29</u>	<u>219</u>

Orthopaedic and Postural Defects. (Table IV. Group 4. Page 100).

Mr. Gracie, the orthopaedic surgeon at the Hospital Management's Orthopaedic Clinic examined 77 children referred to him from the school medical service in 1953. Three were admitted to the Orthopaedic Hospital and the others were treated at his clinic by physiotherapy, etc.

The cases referred were as follows :—

Postural defects	21
Knee conditions	10
Valgoid ankles	13
Hallux valgus	1
Flatfoot	9
Toe deformities	1
Pes Cavus	3
Other foot defects	13
Torticollis	3
Hip conditions	2
Undiagnosed case for investigation	1
	<u>77</u>

Foot Clinic.

This weekly clinic is conducted on the school clinic premises by the school medical staff, to deal with the minor foot conditions which, in the medical officer's opinion, do not need to be sent to a consultant. The work is largely educational and consists of instructing parents in the principles of foot health. Most of the parents are co-operative. They attend the clinic and they carry out the instructions. When adjusted shoes are considered necessary the adjustments are made at certain local shoe-shops and parents are asked to return to the clinic with the adjusted shoes for inspection.

	1953	1952
Number of new cases	207	280
Number of re-examinations	439	134
Number attending for shoes to be checked ...	229	338
Total Attendances	875	752

Ninety-one children had improved so much that they were discharged from the clinic during the year.

The Physical Education Organiser reports as follows :—

"In 1952 the Deputy School Medical Officer and the Physical Education Organiser gave to teachers lectures on and demonstrations of exercises to strengthen the feet of children suffering from mild foot deformities.

Following this, all teachers of physical education were given lists of foot movements which are intended to help re-establish the full mobility and strength of the feet and ankles. It was decided to include a number of foot movements in the normal daily physical training lessons so that all children should receive regular footwork training. Where possible, foot movements should be performed with bare feet, and during 1953 the scheme to provide each primary school with a set of individual physical training rubber mats (30in. by 18in.) was completed so that bare foot work is now possible in all primary schools.

From the physical education point of view the regular inclusion of foot movements in the daily lessons has improved foot work generally, especially jumping and landing activities which are being performed with greater spring and lightness."

From the school medical point of view there are welcome signs of a reduction in the number of foot defects found at medical inspection.

Consultant Paediatrician's Clinic.

This clinic to which we are able to refer children has continued weekly throughout the year and it is a great satisfaction to the School Medical staff that Dr. Wolman's expert opinion is so readily available to us in our problems. Sixty-one children were sent to Dr. Wolman by the school doctors during last year, and of these, six were admitted to Birch Hill Hospital for clinical investigation and five were taken into Lake View Continuation Hospital for a period of convalescence and observation. One was recommended for admission to a residential open-air school, one for an epileptic school and it was arranged for one other to have a heart operation at Manchester Royal Infirmary.

The following list shows the large variety of conditions for which Dr. Wolman's opinion was sought.

Heart conditions	...	...	...	...	...	...	...	11
General investigation of behaviour problems	...	...	...	...	...	...	...	10
Grand and petit mal	...	...	...	...	...	...	...	7
Asthma	...	...	...	...	...	...	...	8
Other chest conditions	...	...	...	...	...	...	...	2
Enuresis	...	...	...	...	...	...	...	3
Other nervous conditions	...	...	...	...	...	...	...	5
General lack of progress	...	...	...	...	...	...	...	6
Obesity	...	...	...	...	...	...	...	3
Cases for reassurance that no organic disease was present								4
Cervical glands	...	...	...	...	...	...	...	2
Migraine	...	...	...	...	...	...	...	1
								—
								62
								==

One other child was referred to the Clinic, but failed to attend. The children sent for "reassurance" are mainly educationally sub-normal and other mentally handicapped children where the school doctor wishes to be absolutely certain there is no curable neurological or other disease. It is especially important to have this reassurance when children are being notified as ineducable and thereby excluded from school.

Child Guidance.

For some considerable time now there have been no local facilities for child guidance or even for examination by a psychiatrist. In 1952 we were only able to obtain, and that by the courtesy of the Oldham Authority, a psychiatrist's opinion on two children. For these such an examination was absolutely essential since they were to be admitted to residential special schools for mal-adjusted children where a psychiatrist's recommendation of suitability was a requirement of admission.

During 1953, we have been able to send children to Dr. J. H. Malloy, a consulting psychiatrist who has clinics for children at Booth Hall Hospital and this has been of very great value to us. Dr. Malloy is unfortunately not able to take any of our children for treatment. We have frequent requests for a psychiatric opinion from parents and others in charge of children but not all the children concerned are in need of psychiatric investigation. Since Dr. Malloy serves a large area the children sent to him from Rochdale are very carefully selected and are usually gravely disturbed, and very much in need of specialist advice.

Three children have been referred to this clinic during 1953, and three Rochdale children, all boys, have been in residential special schools for the maladjusted during the year.

Day Open Air School.

This school of 120 places has been fully occupied all the year. Many of our delicate children now live in excellent houses on good sites such as Kirkholt, within easy reach of modern well-planned schools and it continually surprises us that such children should need admission to the Open Air School and should improve so much while attending there. It is certainly not because of the premises themselves because the school buildings, once our pride and joy, are now comparatively old-fashioned and the administrative block where the dining rooms and cloak rooms are situated is inconvenient and overcrowded. Nevertheless, we continue to recommend delicate children, such as asthmatics, for admission, and these children become more regular in their attendance than at their former schools. The mid-day sleep which is by some considered unnecessary is, in the opinion of our medical staff, a most important factor in improving the health of many delicate children and particularly those suffering from nervous tension and its various manifestations.

Some of the children at the Open Air School come from homes with restricted financial resources and one curious result of this is that they are often seen unsuitably dressed. They wear thin Summer clothing in Winter and thick woollen garments in Summer. The reason is that one of the main sources of clothing for poor people is the jumble sale. Winter clothing is likely to be available at Summer jumble sales and Summer garments at Winter sales. Wearing unseasonable clothes is, of course, seen in other schools and especially at High Birch Special School.

There were 47 new admissions to the Open Air School during the year. Five were recommended by their family doctors, five by the Consulting Paediatrician and the rest by the School Medical staff. Forty-six children were discharged during the year.

The new admissions came in for the following conditions.

	Boys						Girls					
Sub-normal nutrition	1						3
Debility	3						10
Asthma	6						1
Nervous conditions	1						4
Heart conditions	—						2
Ear, Nose and Throat conditions	1						2
Bronchitis	2						3
Other conditions	3						1
Cases for observation	3						1
						20						27

As usual, some of the children have been difficult to classify on entering the school as will be seen from the following details of a few children attending during the year.

1. Boy aged nine years. Partial paralysis of right leg, face deformed and useless right hand (partly missing since birth), defects of lower jaw, chronic bronchitis, nasal catarrh, attacks of vomiting after every meal. He was quite unfit to attend an ordinary school but is steadily improving at Brownhill.
2. Boy aged eight years. Old poliomyelitis affecting right arm and right leg which are weak. Thin peaky child with blackouts. For reasons of conscience the parents would not admit the defects but later became co-operative and agreed to an appointment with the orthopaedic surgeon and treatment by him.
3. Boy aged ten years. Maladjusted child tending to psychosis and religious mania. Much alone since mother left home and father works out of town. Court proceedings pending to forbid mother molesting boy and his father.
4. Girl aged twelve years. Psoriasis. Mother a very unhappy woman who let the child believe that a similar rash killed her sister who in fact died of acute rheumatism. The mother died later in the year and the child's psoriasis healed completely after this.
5. Boy aged fourteen years. Admitted for observation of blackouts. These turned out to be severe, though not frequent, grand mal. Before arrangements could be made for his education, the family left the Country.
6. Boy aged nine years, admitted for observation. Was born "black" after prolonged labour and was very late in walking and learning to be clean and dry. His muscle control was very poor and he was apt to dance about on the scales and was unable to use a knife, this being partly due to the fact that there was only one knife at home so he had no chance to practice. He was eventually transferred to High Birch Special School since he was not learning satisfactorily at Brownhill.
7. Boy aged seven years. Admitted temporarily between discharge from a school for the Deaf and admission to a school for the Partially Deaf. An ordinary school seemed unsuitable for this waiting period of one term.

Speech Therapy.

Until Whitsuntide the Speech Clinic was open for five sessions a week but Mrs. Capes then resigned and the Clinic was discontinued until September when Mrs. Goodwin took up her appointment as full-time speech therapist.

Mrs. Goodwin reports as follows :—

"The clinic re-opened in September with nine treatment sessions a week and two sessions for visiting and clerical work. The extra sessions enabled all children on the waiting list to be taken on for treatment so that there is now no waiting list.

Although the Clinic was closed for three months 999 attendances were made during the year by 122 children. An advantage of the Clinic being open all week is that many working mothers of small children can now bring them at a time chosen when they are not working.

Thirty-three stammerers were treated in 1953, only four being girls. This higher incidence of stammer in boys continues and applies throughout the country. At the end of the year eighteen stammerers were on the register, all boys.

The majority of the children attending the clinic suffered from dyslalia or generally poor speech and 81 were so classified. A few of these defects have an organic cause, such as poor dental formation ; most have very poor control over their muscles of articulation, and impaired auditory perception which affects their discrimination between similar speech sounds. Under treatment, the ability to listen gradually develops and improves until the child can correct himself and notices the smallest difference between sounds. Other patients treated at the Clinic included two with cleft palate, two with nasal tone to the speech and two slightly deaf children.

The rate of improvement depends mainly on regular attendance and good rapport between home and Clinic. Thirty-seven patients were discharged during the year and in most of these cases the work begun at the Clinic was maintained at home and fairly frequent visits by the parents assured that no misunderstandings arose concerning treatment. Sometimes home conditions are unfavourable but in one case it was found possible to improve these with surprising results. The responsibility this particular boy was carrying at home made him morose and difficult but after some re-adjustments he became happier and moved up from 23rd to 7th place in his class.

By the end of the year more than twenty schools had been visited. The Head Teachers have been most helpful and have given most willingly of their time, so that the visits have provided invaluable information in assessing the needs of the child. I would like to take this opportunity of thanking the teachers for their kindness and co-operation."

S. GOODWIN, L.C.S.T.

Educationally Sub-normal Children, High Birch Special School.

The register of this 100-place school has been full throughout the year and there were twenty-four new admissions. Since ascertainment continues all the year round there is generally a small waiting list. One very gratifying feature is that the admission age has been gradually reduced and it is hoped that eventually eight-plus will be the usual age of entrants. Actually four of last year's admissions were eight years of age. Admission at this age gives the more intelligent sub-normal child the chance to improve and to return to his own school after a few years specialised education. When the admission age is delayed until eleven or twelve, attainment in the basic subjects such as reading and number is by then so poor that the child needs to stay at school until 16. This extra school year is extremely unpopular with parents who deploy a myriad reasons why fifteen is the time for the child to leave school. In the main these are a cover for the essential reason which is that they wish the child to enter gainful employment without delay.

For the educationally sub-normal child of lower intelligence, who before the 1944 Act would have been called feeble-minded, there is no adequate reason for leaving a special school before sixteen. His attainment in scholastic subjects may improve very little during his last year, but socially and emotionally he needs all the care and guidance he can get and this is particularly true for the

unstable and impulsive children who form such a large proportion of our High Birch population. These children, although physically adolescent, are often as unreliable, as easily-led and as lacking in self-control as very young children. If, as is so often the case, they have parents of the same type, they are indeed unfortunate.

It is a pleasure to see children improve in physique and appearance as they so rapidly do at High Birch. The most outstanding change is that they look and are so much happier than before they came. Parents sometimes complain that it is a social stigma for their children to be attending a "daft school" but the children themselves, since they are happy at the school, do not mind what it is called.

The first school concert was held early in the year and it is intended that this shall be an annual event.

One way in which the work of this school could be expanded and improved would be by the provision of some residential accommodation. This was intended when the school was first planned but has not been carried out. Some at least of our eight children at present attending schools in other districts could then be educated locally and so could certain other children whose home backgrounds seem to undo the work done at High Birch between the hours of 9-30 a.m. and 3-30 p.m.

Twenty-eight children left the school during the year : This is the first year since it opened that more than three or four children have been ready to leave at the end of any one term.

Left to start work	...	...	...	...	...	...	...	11
Transferred to secondary modern schools...	...	...	...	...	...	...	...	11
Notified to Local Authority as ineducable	...	...	...	...	...	...	...	2
Transferred to Open Air School	...	...	...	...	...	...	...	1
Transferred to Residential E.S.N. School	...	...	...	...	...	...	...	1
Transferred to Approved School	...	...	...	...	...	...	...	1
Left the district	...	...	...	...	...	...	...	1
								—
								28
								==

High Birch Remedial Education Centre.

Report from Mr. Lloyd, Educational Psychologist.

The Remedial Education Centre, High Birch, which it will be recalled, was started as an experimental pilot scheme to investigate the possibility of rehabilitating grossly retarded children of average or above average intelligence, has now functioned for twelve months and a report of the work is given below.

This problem of retardation is not necessarily one of good or bad instruction, but is usually emotional and the causes more often than not lie outside the school. Rehabilitation depends to a large extent on close personal relationships between teacher and pupil, a large measure of freedom for the child, and close supervision of work. Where large classes, limited staff and accommodation occur the solution to the problem must be found elsewhere.

Bearing these facts in mind, the Centre started with fifteen children conducted in classes of five by Mr. Hamer, Mr. Street and Mr. Lloyd. The selected children had first been notified by Heads as backward, then tested by the Educational Psychologist. The degrees of retardation varied, most were grossly retarded and some completely illiterate, but all were of average or above average intelligence.

Twenty-five children have in all been treated and of the original fifteen, ten have been discharged as literate, two failed to keep up attendances and the remaining have made an average gain of two years in their reading ages and, if they maintain their present progress, should be discharged at the end of the Spring term, 1954.

Six more children were admitted at Easter and of these two have been discharged as literate, one failed to keep up attendances, two, whose reading ages were nil on admittance, now have reading ages of 7 years and 7 years 1 month, respectively, and the other child's reading age has increased from 5 years 8 months to 6 years 8 months.

The children admitted at the beginning of the Autumn term are making satisfactory progress.

Next term arrangements have been made for thirty-six children to attend at the Centre each week. It is hoped eventually to raise the number to forty-five children attending each of nine sessions. The classes will in future be conducted by Miss Middleton, who has been specially appointed for this purpose, under the general supervision of Mr. Lloyd.

Children notified to the Local Authority.

It was recommended to the Education Committee during 1953 that eleven children be notified to the Local Authority for Mental Deficiency. Of these eight were considered ineducable and suitable for notification under Subsection 3 of Section 57 of the Education Act, 1944, and three were recommended under subsection 5 as in need of statutory supervision after leaving school.

In all 83 children were examined for the purpose of assessing their intelligence.

Other Medical Examinations.

A fair amount of the Medical and Nursing Staffs' time is nowadays spent on work concerned with other people than school children. This work cannot be included in any of the Tables which deal with our more usual work. Some of it is summarised here.

Corporation Sickness Scheme	...	...	...	...	...	39
Part-time workers (meal supervisors, etc.)	...	...	...	...	...	77
Training College Students	...	...	...	...	...	27
						<hr/> 143 <hr/>

These medical examinations of adults are in addition to those of food handlers mentioned under the heading of Provision of School Meals.

As well as these special examinations of adults, 213 children were examined before taking up part time employment and 381 were examined before going to Girl Guide Camps, for foreign holidays, taking part in Sunday School pantomimes, etc.

Provision of School Meals.

There are now 51 canteens in use for school meals purposes and the Authority has a producing capacity of approximately 5,425 meals per day. By December, 1953, 62 women welfare assistants were employed in the school canteens.

During 1953, 47,547 free meals were supplied, (46,820 in 1952, 26,963 in 1951, 35,177 in 1950, 42,191 in 1949, 42,730 in 1948 and 25,358 in 1947). The sudden rise in 1952 was due to the local trade recession when large numbers of operatives chiefly in the textile trade, were put on short time.

The number of children's dinners during 1953 for which payment was made was 939,985 (941,644 in 1952, 902,751 in 1951, 955,399 in 1950, 812,055 in 1949, 853,818 in 1948 and 736,321 in 1947).

These figures do not include meals supplied to pupils at the Open Air School or the Nursery Schools. The full-time workers employed by the Education Authority were medically examined in July by the School Doctors, and it is intended that this inspection shall take place annually. Fifty-three persons were re-examined; there were eleven new examinations; one failed to attend owing to illness.

On the whole the general health was satisfactory, and they were all in a clean condition. Of the new examinations, two required dental treatment. Of the fifty-three re-examinations, three required dental treatment.

Co-operation with Voluntary Bodies.

1. National Society for the Prevention of Cruelty to Children.

Inspector Mitchell has left Rochdale and his successor Inspector Lowe reports as follows:—

"During the past year six cases were reported from your department involving the welfare of 15 children, and information was given in three other cases affecting the welfare of four children.

It has not been found necessary to take Court proceedings during the year in any of the cases referred to above, but Juvenile Court action was taken regarding the welfare of two children and these children were committed to the care of the Local Authority. It was found necessary to advise a mother to bring her boy before the Juvenile Court as being "Beyond Control". For the remainder warnings, advice and supervision were sufficient.

I feel there is a real understanding between your department and the work of the Society, and I am indeed most grateful for your co-operation, it has been invaluable to me during the past year, I do hope to be able to help you just as much as you have assisted me, in the common interest of the welfare of the children of Rochdale.

JOHN LOWE, Inspector.

2. The St. Annes Convalescent Home and the Moorland Home.

Again these two homes have provided seaside and country holidays for school children in special need of them. During 1953, 111 children were medically examined at the School Clinic before admission to the Moorland Home.

3. Children Neglected in their Own Homes.

A member of the School Medical Staff has attended each meeting of the Joint Committee for children neglected or ill-treated in their own homes, to discuss problem families and how best their problems shall be dealt with. Representatives of every organisation in the town which deals with children attended this meeting and the discussions are both fruitful and illuminating. Of the 14 new cases referred to this Committee during the year, five came from the School Medical Department. None of these was really a bad case, the element of neglect was much more prominent than any question of ill-treatment.

Diphtheria Immunisation.

It was found possible to resume the normal practice of visiting all the schools during the year in two groups, roughly one-third in the Spring and two-thirds in the Autumn. The Saturday morning clinic at Penn Street continues to be available for school children who have missed their turn at school, as well as for their younger brothers and sisters.

During the year 266 children of school age completed a full course of primary immunisation and 1,054 children who had previously been immunised received re-inforcing injections. Both these figures are reduced as compared with the previous year, but that can be regarded as satisfactory in face of the fact that it is now ten years since there has been any appreciable number of diphtheria cases in Rochdale. There is thus an almost complete absence of outside stimulus.

Infectious Disease.

The following cases were notified during the year among school children :—

						1953	1952
						<hr/>	<hr/>
Scarlet Fever	...	...	...	...	...	79	20
Measles	...	...	...	...	...	276	326
Whooping Cough	...	...	...	...	...	61	84
Chicken Pox	...	...	...	...	...	32	143
German Measles	...	...	...	...	...	2	21
Alastrim	...	...	...	...	...	—	10
						<hr/>	<hr/>
						450	604
						<hr/>	<hr/>

The only point of note here is the three-fold increase in Scarlet Fever. Actually, the number is not in itself significant. The cases were spread fairly evenly throughout the year and throughout the town.

Nursery Schools and Meanwood Nursery Class.

During the year 458 children were medically inspected at the Nursery Schools. As each child is inspected as a routine every six months, and more frequently when necessary, the total number of medical inspections carried out was 640.

The standard of nutrition was found to be satisfactory. Of the 458 children inspected 60 children (13%) were classified as being of good nutrition (A); 390 children (85%) were classified as being of fair nutrition (B); and seven children (1.7%) were classified as being of poor nutrition (C).

53 cases were referred for special treatment for the following reasons, as compared with 50 in 1952.

	1953	1952
Ear, Nose and Throat Defects	25	14
Eye Defects	8	7
Orthopaedic Defects	3	5
Dental Caries	15	14
Skin Defects	—	1
Speech Defects	—	1
Referred for further opinion	2	8

The Nursery Schools are visited once every three weeks by the M. & C.W. Officer and the Health Visitor. The general health of the children has been good and great help has been given to children who are becoming "problems" at home. For example, there are twins aged four years, one of whom is a girl who had developed normally, and the other a little boy who was very timid, backward in his speech and stammered. It was found that the mother had been over-anxious about the boy and had helped him too much. After he had been in the Nursery for only three weeks he was perfectly able to express himself properly without stammering and had overcome his nerves to a remarkable extent. His mother is most grateful for the help that has been given to the child. Another little boy who was an only child of an over-anxious mother suffered from frequent attacks of vomiting for which there appeared to be no physical cause. He was admitted to one of the Nursery Schools, and now that he is able to play with other children and has his mind fully occupied, the vomiting has ceased and his mother realised that she had been too anxious about him.

It has been greatly appreciated by the Medical Officer that there has been such good co-operation between Head Teachers, Health Visitors and parents, and it is felt that such co-operation has made all the difference in the treatment of minor ailments and defects in the Nursery Schools.

The Health Visitors made 4,642 examinations during the year for verminous infestation of the head. Of these examinations, 4,461 showed children's heads to be clean, 155 showed heads to have nits and 26 showed heads to have vermin. These figures indicate fewer infestations as shown by the presence of nits, but more than double the number of cases showing live vermin as compared with last year. There may be an excuse for this in 1953, but if so it has escaped the staff.

Diphtheria and Whooping Cough immunisations were carried out in the Nursery Schools for all new entrants not previously immunised, and re-inforcing doses were given to those five year olds who were leaving to join the Junior Elementary Schools.

Cost of Medical and Dental Inspection.

	£	s.	d.
Salaries—Medical and Dental Staff	10,991	8	1
National Insurance	192	0	7
Printing, Stationery and Advertising	260	2	10
Postages and Telephones	177	11	4
Drugs, Medical Requisites and Apparatus	787	16	5
Uniforms and Clothing	134	1	4
Rents, Rates and Insurance	387	13	1
Travelling and Subsistence	179	9	5
Cod Liver Oil and Orange Juice	121	3	1
Upkeep of Buildings	397	3	8
Fuel, Light and Cleaning	950	6	6
Medical Examinations	315	9	1
Cleansing of Pupils and Clothing	139	5	0
Conveyance of Children	270	4	9
Other Expenses	17	5	4
	<hr/>		
	£15,321	0	6
	<hr/>		

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1953.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups :—

Entrants	...	...	...	...	...	...	1,275
Second Age Group (11 +)	...	...	...	...	...	...	953
Third Age Group (Leavers)	...	...	...	...	...	...	947
Total							3,175

Number of other Periodic Inspections	1,307
(8 yrs. old and others)						

Grand Total	...	4,482
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B.—OTHER INSPECTIONS.

Number of Special Inspections	201
Number of Re-Inspections	2,359
						<hr/>
Total					...	2,560

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	10	174	183
Second Age Group ...	28	53	80
Third Age Group ...	16	19	35
Total (prescribed groups)	54	246	298
Other Periodic Inspections	31	76	106
Grand Total	85	322	404

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Re- quiring Treat- ment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Re- quiring Treat- ment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin... ..	3	23	4	12
5	Eyes—a. Vision	85	408	125	510
	b. Squint	14	95	11	172
	c. Other	2	10	1	6
6	Ears—a. Hearing... ..	3	20	3	18
	b. Otitis Media	6	35	1	12
	c. Other	1	9	1	3
7	Nose or Throat	108	261	51	184
8	Speech	12	35	22	44
9	Cervical Glands	—	62	—	21
10	Heart and Circulation	3	98	—	48
11	Lungs	1	57	—	54
12	Developmental—				
	a. Hernia	—	—	1	2
	b. Other	—	36	—	8
13	Orthopaedic—				
	a. Posture	13	94	4	39
	b. Flat foot	55	62	13	54
	c. Other	90	176	28	105
14	Nervous System—				
	a. Epilepsy	1	5	1	4
	b. Other	—	11	1	13
15	Psychological—				
	a. Development	16	62	28	99
	b. Stability	—	1	—	2
16	Other	4	30	4	29

TABLE II.—(continued).

B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,275	146	11.45	1,023	80.24	106	8.31
Second Age Group ...	953	139	14.59	789	82.79	25	2.62
Third Age Group ...	947	233	24.60	693	73.18	21	2.22
Other Periodic Inspections	1,307	197	15.08	1,049	80.26	61	4.66
Total ...	4,482	715	15.95	3,554	79.30	213	4.75

TABLE III.—Infestation with Vermin.

(i)	Total number of examinations in the schools by school nurses or other authorised persons	26,662
(ii)	Total number of <i>individual</i> pupils found to be infested	870
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	89
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	80

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools)

GROUP 1.—**Diseases of the Skin** (excluding uncleanness, for which see Table III)

Ringworm— (i) Scalp	...	...	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	13
Impetigo	...	...	...	...	...	...	...	280
Other skin diseases	...	...	...	...	...	...	...	91
							Total ...	384

GROUP 2.—**Eye Diseases, Defective Vision and Squint.**

External and other, excluding errors of refraction and squint...	...	163
Errors of Refraction (including squint) ...	...	962
	Total ...	1,125

No. of Pupils for whom spectacles were:—

(a) Prescribed	...	...	...	...	513
(b) Obtained	...	...	...	...	474

GROUP 3.—**Diseases and Defects of Ear, Nose and Throat.**

Received operative treatment—

(a) for diseases of the ear	...	...	...	...	—
(b) for adenoids and chronic tonsillitis	...	...	...	..	161
(c) for other nose and throat conditions	...	...	...	...	7
Received other forms of treatment	...	...	...	...	541
				Total ...	709

GROUP 4.—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals	...	...	...	...	3
(b) No. treated otherwise e.g. in clinics or out-patient departments	...				281

GROUP 5.—Child Guidance Treatment.

No. of pupils treated under Child Guidance arrangements			-
---	-----	----	--	--	---

GROUP 6.—Speech Therapy.

No. of Pupils treated under Speech Therapy arrangements			122
---	-----	-----	--	--	-----

GROUP 7.—Other Treatment Given.

(a) Miscellaneous minor ailments...	...	...	...	...	...	2,825
(b) Other (specify)						
Septic wounds and ulcers	...	...	...	...	...	400
					Total ...	<u>3,225</u>

TABLE VI.
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Par- tially sighted	(3) Deaf (4) Par- tially Deaf	(5) Deli- cate (6) Physi- cally Handi- capped	(7) Educa- tionally subnor- mal (8) Malad- justed	(9) Epi- lept- ic	Total 1—9				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1953 :—										
(A) Handicapped Pupils newly placed in Special Schools or Boarding Homes ...	—	1	—	1	44	3	26	1	—	76
(B) Handicapped pupils newly ascertained as requiring Education at Special School or boarding in Homes ...	—	1	1	1	59	7	16	1	1	87
On or about December 1st, 1953 :—										
(C) Number of Handicapped Pupils from the area—										
(i) attending Special Schools										
(a) as Day Pupils ...	—	—	—	—	113	5	101	—	—	219
(b) as Boarding Pupils...	1	2	5	13	1	2	8	1	1	34
(ii) attending independent schools under Authority arrangements ...	—	—	—	—	—	—	—	1	—	1
(iii) boarded in Homes ...	—	—	—	—	—	—	—	1	—	1
TOTAL (C)	1	2	5	13	114	7	109	3	1	255
(D) Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals ...	—	—	—	—	8	4	—	—	—	—
(ii) elsewhere ...	—	—	—	—	—	—	—	—	—	—
(E) Number of Handicapped Pupils from the area re- quiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition) ...	—	—	1	—	18	4	12	—	1	—

Number of children reported during the year—

(a) under Section 57 (3) excluding any returned under (b))—8

(b) " " " " relying on Section 57 (4)—0

(c) " " " " 57 (5)—3

of the Education Act, 1944

